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COUNTY BOROUGH OF DERBY



ANNUAL REPORTS

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR THE

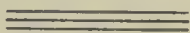
Year, 1966

BY

V. N. LEYSHON, M.D. (LOND.), D.P.H.



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Public Health Department,
The Council House,
Corporation Street,
Derby.

TO THE CHAIRMAN AND MEMBERS OF THE
HEALTH AND EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for 1966.

The estimated population has decreased by 760 to 128,430. The birth rate has risen slightly from 18.56 (1965) to 18.66 (1966). The death rate has increased from 12.99 (1965) to 14.09 (1966). The still-birth rate has increased from 17.20 (1965) to 18.42 (1966). The infantile death rate has increased from 16.67 (1965) to 24.61 (1966). There was one maternal death during 1966.

A new Special Care Unit was opened on 6/1/66 for the daily care of severely subnormal children. It caters for twenty such children, who are collected from home by bus. The unit is staffed by fully qualified Nursery Nurse staff. Already some children have made great progress and the relief to parents must have been tremendous.

The work of the various services of the Department is described in detail in the Report.

I should like to close on a personal note and thank you, Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the officers of other departments of the Corporation; and finally I wish to thank the entire staff for their willing co-operation and service during the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. N. LEYSHON.

COUNTY BOROUGH OF DERBY.

HEALTH COMMITTEE.

Chairman : ALDERMAN E. A. ARMSTRONG.

Deputy Chairman : COUNCILLOR J. DILWORTH.

ALDERMAN BOWMER.	COUNCILLOR MRS. COOKE.
„ MRS. RIGGOTT.	„ GUEST.
COUNCILLOR BAIRD.	„ JARVIS.
„ BARLOW.	„ LAMB.
„ BENTLEY.	„ LONGDON.
„ MRS. BRANSON.	„ PRITCHARD.
„ CAREY.	„ STOKES.
„ CLAY.	„ STOTT.

Functions :—General Administration.

Ambulance Service.

To receive minutes of the Sanitary Sub-Committee and to confirm minutes of the Health Services Sub-Committee.

HEALTH SERVICES SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN BOWMER.	COUNCILLOR LAMB.
„ MRS. RIGGOTT.	„ LONGDON.
COUNCILLOR BENTLEY.	„ STOTT.
„ MRS. BRANSON.	*DR. A. H. D. HUNTER.
„ CLAY.	*DR. D. H. RHIND.
„ MRS. COOKE.	*MR. P. DAWSON.
„ GUEST.	

Functions :—Duties under the relevant Acts in relation to :—

Care of Mothers and Young Children (including Day Nurseries).

Welfare Foods.

Care and After Care.

Domestic Help.

Home Nursing.

Health Visiting.

Mental Health.

Midwifery.

Vaccination and Immunisation.

*—*Co-opted Members.*

SANITARY SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

COUNCILLOR	BAIRD.	COUNCILLOR	JARVIS.
„	BENTLEY.	„	LAMB.
„	MRS. BRANSON.	„	LONGDON.
„	CAREY.	„	PRITCHARD.
„	MRS. COOKE.	„	STOKES.

Functions :—Duties under the relevant Acts in relation to :—
Environmental Hygiene.

EDUCATION COMMITTEE.

Chairman : COUNCILLOR DILWORTH.

Deputy Chairman : ALDERMAN RUSSELL.

ALDERMAN	COLLIER.	COUNCILLOR	MRS. PENDRY.
„	MRS. MACK.	„	SIMMS.
„	STURGESS.	„	SLACK.
COUNCILLOR	MRS. ARMSTRONG.	„	STOKES.
„	BAIRD	„	TILLET.
„	MRS. BRANSON.	„	T. L. WHITE.
„	MRS. BURNS.		(Up to 2/8/66).
„	BURROWS.	„	MRS. WOOD.
„	CLARKE.	*ALD.	MRS. A. M. BELFIELD.
„	GUEST.	*DR.	W. R. C. CHAPMAN
„	HARPER.	*REV.	J. K. LLOYD-WILLIAMS.
„	JARVIS.	*REV.	J. A. NORMAN.
„	LAMB.	*MR.	B. J. SHINGLETON.
„	MCANULTY.	*MR.	E. TINGLE.

SPECIAL SERVICES SUB-COMMITTEE.

CHAIRMAN AND DEPUTY CHAIRMAN OF EDUCATION COMMITTEE EX-OFFICIO
MEMBERS.

ALDERMAN	MRS. MACK.	COUNCILLOR	MCANULTY.
COUNCILLOR	MRS. ARMSTRONG.	„	T. L. WHITE.
„	MRS. BRANSON.	„	MRS. WOOD.
„	GUEST.	*DR.	W. R. C. CHAPMAN.
„	HARPER.	*REV.	J. K. LLOYD-WILLIAMS.
„	JARVIS.	*MR.	B. J. SHINGLETON.

Functions :—The School Health Service.

*—*Co-opted Members.*

STAFF.

(at 31-12-66)

MEDICAL.*Medical Officer of Health and Principal School Medical Officer :—*

V. N. LEYSHON, M.D. (Lond.), D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer :—

J. E. MASTERSON, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officers of Health :—

G. W. R. MACGREGOR, L.R.C.P., L.R.C.S., L.R.F.P.S.

M. M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H., L.M. (Belfast).

School Medical Officers :—

C. L. NOBLE, M.R.C.S., L.R.C.P.

E. B. PAGE, M.B., B.S., D.C.H.

M. NEWLANDS, M.B., Ch.B.

*A. DALZIEL, M.B., Ch.B.

*A. MORRISON, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.)

*Chest Physician :—*H. L. MATTHEWS, M.D., L.R.C.P., *Consultant General Physician.**Consultants :—**R. J. M. JAMIESON, M.B., B.Ch., M.R.C.O.G.,
*Obstetrician and Gynaecologist.**N. L. EDWARDS, F.R.C.S., F.R.C.O.G. (Cytology Clinic).
*Obstetrician and Gynaecologist.**Psychiatrist :—**T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.,
D.C.H.**DENTAL.***Principal School Dental Officer :—*

F. GROSSMAN, L.D.S. (Q.U. Belfast).

Senior Dental Officer :—(Establishment 2).

M. RIGBY, L.D.S., R.F.P.S. (Glas.).

Assistant Dental Officer :

*E. S. WOOD, L.D.S. (Glas.).

Anaesthetists :—

*E. ANDERSON, M.B., Ch.B., D.A.

*R. BLAIR, M.A., M.B., Ch.B.

Dental Auxilliary :—(Establishment 1).

MRS. R. M. KNOWLES.

Dental Surgery Assistants :— 6.

NON-MEDICAL

Administration Officer:

J. F. HARDING, D.M.A.

Senior Clerk:—

T. H. LIMBERT.

Clerks:—

Health Department—35.

SCHOOL HEALTH SERVICE:—

*Chief Clerk:—*F. OAKES.*Clerks:—*10.*Senior Social Case Worker:—*

R. L. CARABINE, A.I.M.S.W.

Social Case Workers:—(Establishment 3).*MRS. L. J. F. HAMMOND, B.A. in Political Economy,
Diploma in Social Administration.*MRS. A. K. HOLMES, Upper Second Honours Degree in
Sociology.

MISS C. M. JONES, A.I.M.S.W.

*Trainee Social Case Worker:—*1. (Establishment 2).*Senior Mental Welfare Officer:—*

F. F. WRIGHT.

Mental Welfare Officers:—(Establishment 5).

J. ARMER, Certificate in Social Work.

A. CRABTREE, S.R.N., R.M.N., Diploma in Political, Economic
and Social Studies.MISS A. GRIFFIN, Diploma issued by Council for Social Work
Training.

J. F. GRIFFITHS, R.M.N.

N. G. SCRIVEN, S.R.N., R.M.N.

Psychiatric Social Workers:—

Health Department (Establishment 1). (Post Vacant).

School Health Service (Establishment 1).

*MRS. G. M. COWELL, B.Com. (Social Studies) Birmingham,
Mental Health Certificate.*Occupational Therapists:—*(Establishment 2).

MRS. E. M. BENTLEY, R.M.P.A., R.M.N. Cert., M.A.O.T. Diploma.

Supervisor of Home Helps:—

MRS. E. C. BAKER.

Assistant Supervisor:—

MRS. J. A. SMITHERS.

Home Helps — 135 (Part-time).

NON-MEDICAL—*continued.*

Psychologist:—

School Health Service (Establishment 1).

R. B. CLAIBORNE, Ph.D. (New York), B.Sc.

Senior Speech Therapist:—

*MISS A. M. FLEMING, L.C.S.T.

Speech Therapist:—

MISS A. HERDMAN, L.C.S.T.

Remedial Teacher:—

MISS D. M. HARDY, National Foebel Certificate.

Remedial Gymnast:—

G. SOMMERVILLE, M.S.R.G.

Junior Training Centre, Ivy Square:—

Supervisor—MISS V. M. ROBINSON, C.A.M.W. Diploma.

Assistant Supervisors—4. (Establishment 5).

Trainee Assistant Supervisor 2 (Establishment 2).

Trainee—Nil (Establishment 1).

**Guides*—7.

Domestics—5.

Caretaker—1.

Special Care Unit:—

Senior Assistant Supervisor—Mrs. P. L. JEPSON, R.S.C.N.

Assistant Supervisors—4 (Establishment 6).

Domestics—1.

Guides—2.

Supervisor of Day Nurseries:—

MRS. M. R. MOSS, S.R.N., Nursery Diploma.

Day Nurseries:—

Matrons—4. (Establishment 4).

Deputy Matrons—4. (Establishment 4).

Staff Nursery Nurses—18. (Establishment 20).

Nursery Students—24. (Establishment 24).

Wardens—Nil. (Establishment 4).

Domestics—4 full-time. 6 part-time.

Caretaker—1.

Superintendent Health Visitor:—

MISS J. HEADINGTON, S.R.N., H.V., Housekeeping Certificate.

Health Visitors—14. (Including 4 part-time). (Establishment 18).

Infectious Disease Visitor—1. (Establishment 1).

School Health Nurses—5. (Establishment 8).

Tuberculosis Visitors—2. (Establishment 2).

State Registered Nurse—1 (part-time) (Establishment 1).

Interpreter—1 (sessional) (Establishment 1).

NON-MEDICAL—continued.

Superintendent of Home Nursing Service:—

MISS D. M. CLEWES, S.R.N., S.C.M., H.V.

Deputy Superintendent:—

N. G. KING, S.R.N.

Home Nurses—23. (Establishment 23).

Bath Attendant—1.

Domiciliary Midwives—10. (Including 1 Maternity Nurse). (Establishment 14).

Chiropodists:—(Establishment 2 part-time).

*MRS. E. MULLINEUX, S.R.Ch.

*MRS. A. GREATOREX, S.R.Ch.

Chiropody Clinic Assistant—1. (Establishment 1).

Chief Public Health Inspector:—

R. DAVIES, M.S.I.A.

Deputy Chief Public Health Inspector:—

A. WENN, M.S.I.A.

Senior Public Health Inspectors:—

Meat and Other Foods—1.

Smoke Control—1.

Housing—1.

Offices, Shops and Railway Premises—1.

Slum Clearance—1. (Post Vacant).

Public Health Inspectors—(All branches) 8. (Establishment 11).

Assistant Industrial Smoke Inspector—1.

Smoke Control Assistants—2. (Establishment 2).

Technical Assistants—1. (Establishment 3).

Trainee Public Health Inspectors—4. (Establishment 5).

Authorised Meat Inspector—1. (Establishment 2).

Rodent Control Officer—1.

Rodent Operatives—4.

Labourer (Disinfection)—1.

Public Analyst:—

J. MARKLAND, B.Sc., F.R.I.C.

Miscellaneous:—

Medical Attendants (School Health Service)—4.

Cleansing Attendants (School Health Service)—3.

*Welfare Clinic Assistants—3.

*Welfare Clinic Domestic—1.

*—Part-time.

I—GENERAL.

STATISTICAL SUMMARY.

Area of Borough	...	...	...	...	...	...	8,116 Acres.
Elevation above sea level	...	...	...	highest, Burton Road	...	325 ft.	
				lowest, Alvaston Ward	...	126 ft.	
				Market Place	...	157 ft.	
Population at Census, 1961	...	...	...	Males	65,229	...	132,408
				Females	67,179	...	
Estimated Population for 1966 (Mid-year)	...	...	...	...	...	...	128,430
Number of Houses (1961 Census)	...	...	...	...	...	...	42,190
„ Inhabited Houses at 31 3/1967 (according to Rate Books)	...	...	...	...	...	...	40,563
„ Uninhabited Houses at 31/3/1967 (according to Rate Books, including property scheduled for demolition)	...	...	...	...	...	...	615
Number of Families or separate Occupiers (Census, 1961)	...	...	...	...	...	...	43,081
Number of persons per acre at Census, 1961	...	...	...	...	...	...	16.3
„ „ „ 1951	...	...	...	...	...	...	17.4
Number of persons per House at Census, 1961	...	...	...	...	...	...	3.13
„ „ „ 1951	...	...	...	...	...	...	3.56
Rateable Value of the Borough (General Rate)	...	...	...	...	...	...	£6,852,117
Estimated amount realised by a Penny Rate	...	...	...	...	...	...	£27,500

1966

Live Births	...	...	...	...	...	...	2,397
Live Birth Rate per 1,000 population	...	...	...	...	...	...	18.66
Illegitimate Live Births per cent. of total live births	...	...	...	...	...	...	12.01
Still Births	...	...	...	...	...	...	45
Still Birth Rate per 1,000 live and still births	...	...	...	...	...	...	18.42
Total Live and Still Births	...	...	...	...	...	...	2,442
Infant Deaths	...	...	...	...	...	...	59
Infant Mortality Rate per 1,000 live births—Total	...	...	...	...	...	...	24.61
„ „ „ —Legitimate	...	...	...	...	...	...	20.02
„ „ „ —Illegitimate	...	...	...	...	...	...	45.88
Neo-Natal Mortality Rate per 1,000 live births	...	...	...	...	...	...	16.68
Early Neo-Natal Mortality Rate per 1,000 live births (under 1 week)	...	...	...	...	...	...	15.43
Perinatal Mortality Rate (still births and deaths under 1 week combined) per 1,000 total live and still births	...	...	...	...	...	...	33.57
Maternal Deaths (including abortion)	...	...	...	...	...	...	1
Maternal Mortality Rate per 1,000 live and still births	...	...	...	...	...	...	.4

Marriages	...	...	...	...	...	...	...	...	1,216
No. of Marriage per 1,000 population	...	...	...	...	...	...	...	...	9.46
Birth Rate adjusted by Area Comparability Factor (1.09)	...	...	...	...	...	...	...	...	20.33
Deaths	...	...	...	...	...	...	...	...	1,810
Death Rate per 1,000 population	...	...	...	...	...	...	...	...	14.09
Death Rate adjusted by Area Comparability Factor (0.94)	...	...	...	...	...	...	...	...	13.24
Excess of Births registered over Deaths	...	...	...	...	...	...	...	...	587
Deaths from Measles (all ages)	...	...	...	...	...	...	...	...	—
„ Whooping Cough (all ages)	...	...	...	...	...	...	...	...	—
„ Diarrhoea (under two years of age) 2	...	...	...	...	...	...	...	...	.015
„ T.B. of Respiratory System	...	5	per	...	...	...	...	...	.038
„ Other Tuberculous Diseases	...	2	1,000	...	...	...	...	...	.015
„ Respiratory Diseases	...	340	population	...	...	...	...	...	2.64

NATIONAL STATISTICS.

	E. & W.	GREATER LONDON COUNCIL.	DERBY.
Birth Rate	17.7	17.8	18.66
Death Rate	11.7	11.1	14.09
Infantile Mortality (per 1,000 Births)..	19.0	17.7	24.61

DEATHS OF DERBY RESIDENTS DURING THE YEAR, 1966.

CAUSE OF DEATH.	All ages	Under 4 weeks	1 month to 1 year	Total under 1 year	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75+
1. Tuberculosis, Respiratory System	5	..	..	..	..	..	..	..	..	..	2	2	1
2. Tuberculosis, Other	2	..	..	..	..	..	..	1	..	..	1	..	..
3. Syphilitic Diseases	2	..	..	..	..	..	..	..	..	..	1	1	..
4. Diphtheria .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Meningococcal Infections ..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Acute Poliomyelitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Measles .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Other Infective and Parasitic Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Malignant Neoplasm, Stomach	48	..	..	..	..	..	..	1	..	6	6	18	17
11. Malignant Neoplasm, Lung and Bronchus	68	..	..	..	..	..	..	..	..	9	22	32	5
12. Malignant Neoplasm, Breast ..	23	..	..	..	..	..	..	..	..	4	8	4	7
13. Malignant Neoplasm, Uterus ..	12	..	..	..	..	..	..	..	2	3	3	..	4
14. Other Malignant and Lymphatic Neoplasms	152	..	..	..	1	1	2	1	4	12	30	48	53
15. Leukaemia	3	..	..	..	..	..	..	1	..	..	..	1	1
16. Diabetes	11	..	..	..	..	..	..	..	..	..	1	5	5
17. Vascular Lesions	199	..	..	..	..	..	1	1	5	23	58	110	110
18. Coronary Disease, Angina ..	391	..	..	..	..	..	..	..	9	30	97	111	144
19. Hypertension with Heart Disease	12	..	..	..	..	..	..	..	..	..	2	5	5
20. Other Heart Disease	199	..	..	..	..	..	..	..	..	5	19	40	135
21. Other Circulatory Disease ..	93	..	..	..	..	..	..	1	1	4	10	14	63
22. Influenza	23	..	..	..	..	..	..	..	..	2	..	5	16
23. Pneumonia	192	5	6	11	3	1	2	..	2	4	24	34	111
24. Bronchitis	130	1	3	4	1	..	1	1	1	10	30	40	42
25. Other Respiratory Diseases ..	18	..	1	1	..	..	..	..	1	..	7	3	6
26. Ulcer of Stomach or Duodenum	16	..	..	..	..	..	..	..	..	1	3	9	3
27. Gastritis, Enteritis & Diarrhoea	3	..	1	1	1	..	..	..	..	..	..	1	..
28. Nephritis and Nephrosis	9	..	..	..	..	1	..	1	..	1	2	3	1
29. Hyperplasia of Prostate	5	..	..	..	..	..	..	..	..	1	..	..	4
30. Pregnancy—Birth & Abortion ..	1	..	..	..	..	..	..	..	1	..	..	..	..
31. Congenital Malformations	10	5	2	7	..	..	1	..	1	..	..	1	..
32. All Other Diseases	118	29	1	30	4	..	..	..	6	5	12	23	38
33. Motor Vehicle Accidents	29	..	..	..	..	5	4	4	2	1	5	2	6
34. All Other Accidents	27	..	4	4	..	..	3	..	3	2	3	3	9
35. Suicide	7	..	..	..	..	..	2	1	1	2	1	..	..
36. Homicide & Operation of War ..	2	..	1	1	..	..	..	..	..	1	..	..	..
TOTAL	1810	40	19	59	10	8	16	13	35	108	312	463	786

Causes of Death during 10 years, 1957-1966.

CAUSE OF DEATH.	YEARS.									
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Tuberculosis, Respiratory	10	9	10	15	11	11	4	6	8	5
Tuberculosis, Other	2	..	..	1	..	..	..	..	2	2
Syphilitic Disease .. ..	..	4	3	2	4	..	..	8	4	2
Diphtheria .. ..	..	..	..	2	..	..	..	..	..	..
Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections	1	..	1	1	1	1	1	1	1	..
Acute Poliomyelitis .. ..	..	..	..	..	..	..	..	2	..	..
Measles .. ..	..	..	..	..	..	..	..	..	2	..
Other Infective and Parasitic Diseases .. ..	..	2	1	1	..	2	3	..	2	..
Malignant Neoplasms	271	275	257	280	283	255	288	297	306	303
Leukaemia, Aleukaemia	9	7	6	8	5	4	8	2	8	3
Diabetes	9	12	7	7	11	11	7	5	10	11
Vascular Lesions of Nervous System	201	211	216	210	200	194	212	213	198	199
Heart Disease	569	557	579	567	624	628	502	638	548	602
Other Circulatory Disease	97	103	89	94	90	84	144	71	91	93
Influenza	15	6	11	1	12	5	2	2	1	23
Pneumonia	121	145	151	185	221	169	167	136	138	192
Bronchitis	83	79	77	85	99	110	135	105	115	130
Other Diseases of Respiratory System	17	18	16	12	8	11	8	12	16	18
Ulcer of Stomach and Duodenum	15	12	14	17	12	13	15	12	19	16
Gastritis, Enteritis and Diarrhoea	5	8	7	7	8	11	4	10	9	3
Nephritis and Nephrosis	11	17	9	14	9	15	18	4	8	9
Hyperplasia of Prostate	5	8	2	4	4	6	1	6	1	5
Pregnancy, Childbirth and Abortion	3	..	..	1	..	1	..	..	..	1
Congenital Malformations	22	19	18	22	13	18	12	11	17	10
Other Defined and ill-defined Diseases	144	113	141	112	110	107	145	116	110	118
Motor Vehicle Accidents	15	19	19	19	17	30	16	19	24	29
All Other Accidents	29	25	43	41	35	33	32	52	32	27
Suicide	20	19	20	13	18	7	16	12	11	7
Homicide and Operations of War	1	..	..	..	1	1	..	2	..	2
ALL CAUSES—TOTALS	1675	1668	1697	1721	1796	1727	1740	1742	1679	1810

Burials.—The total burials in the Derby cemeteries for the year 1966 were 949; 834 ordinary burials and 115 still-born.

Inquests held during 1966.—These numbered 152—98 males and 54 females.

Mortuary.—Post-mortem examinations, 601.

THE PRINCIPAL CAUSES OF DEATH—1966

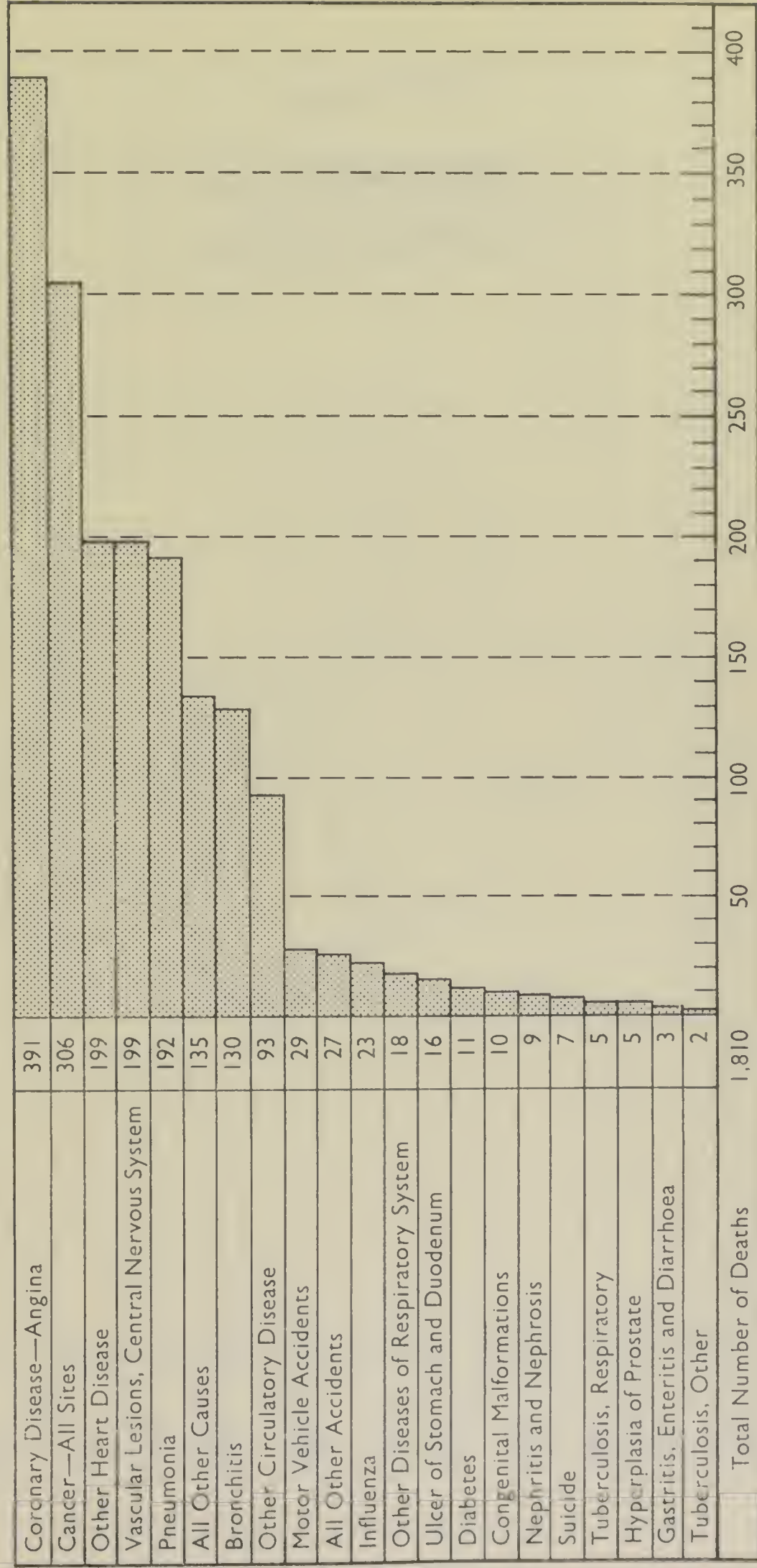


TABLE I

BIRTH RATE PER 1,000 LIVING ———

DEATH RATE PER 1,000 LIVING - - - - -

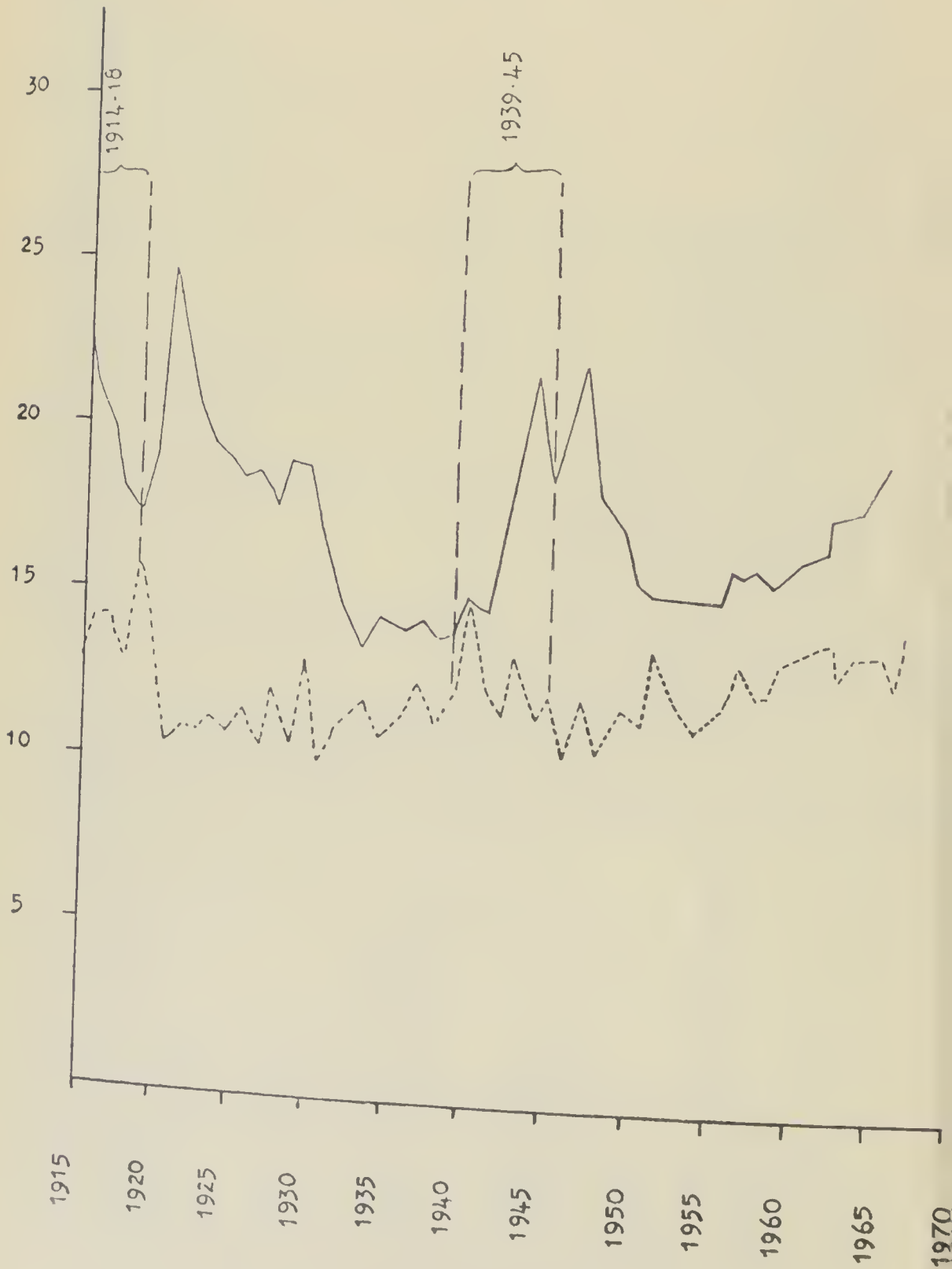
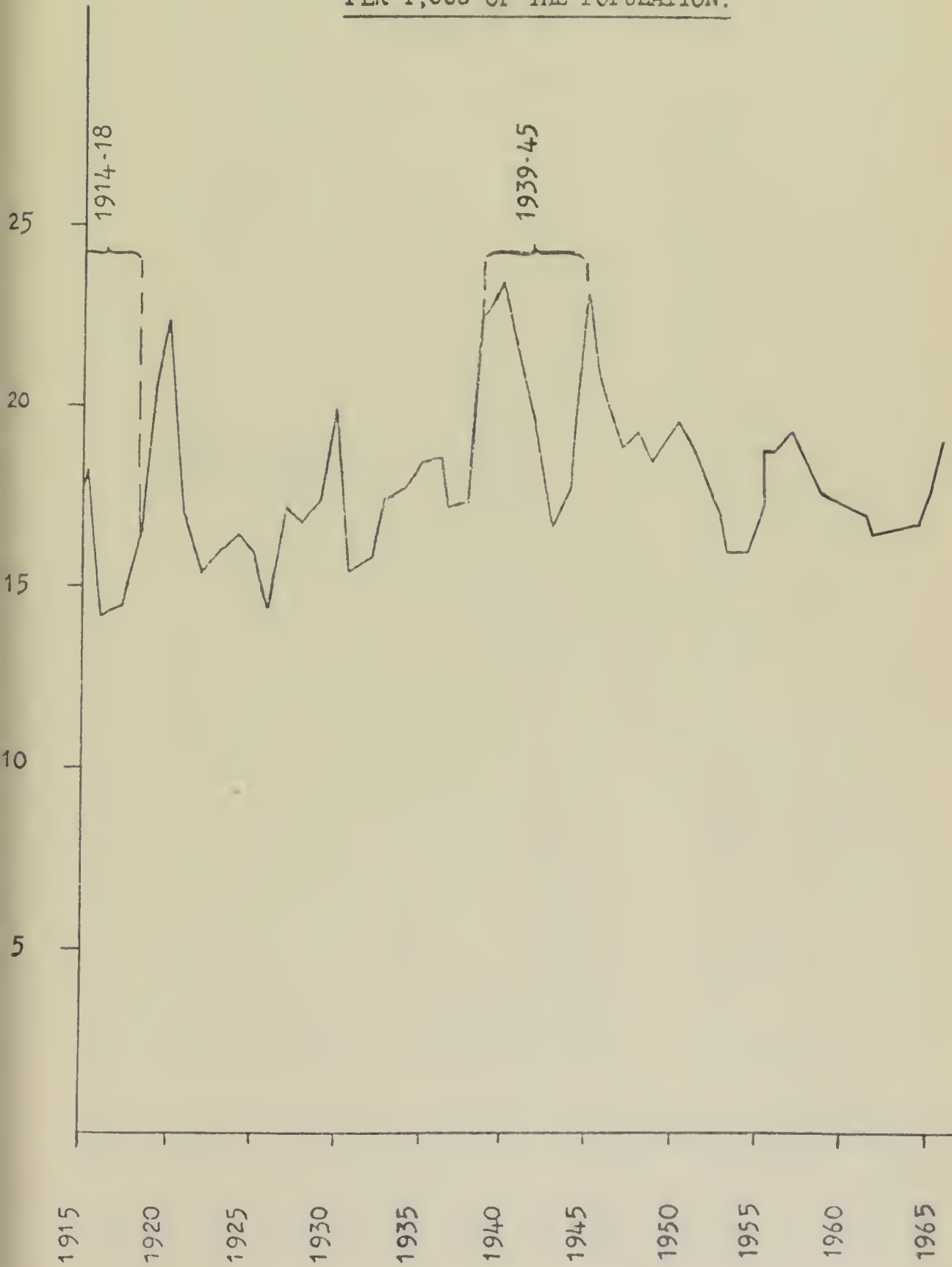


TABLE II

PERSONS MARRIED

PER 1,000 OF THE POPULATION.



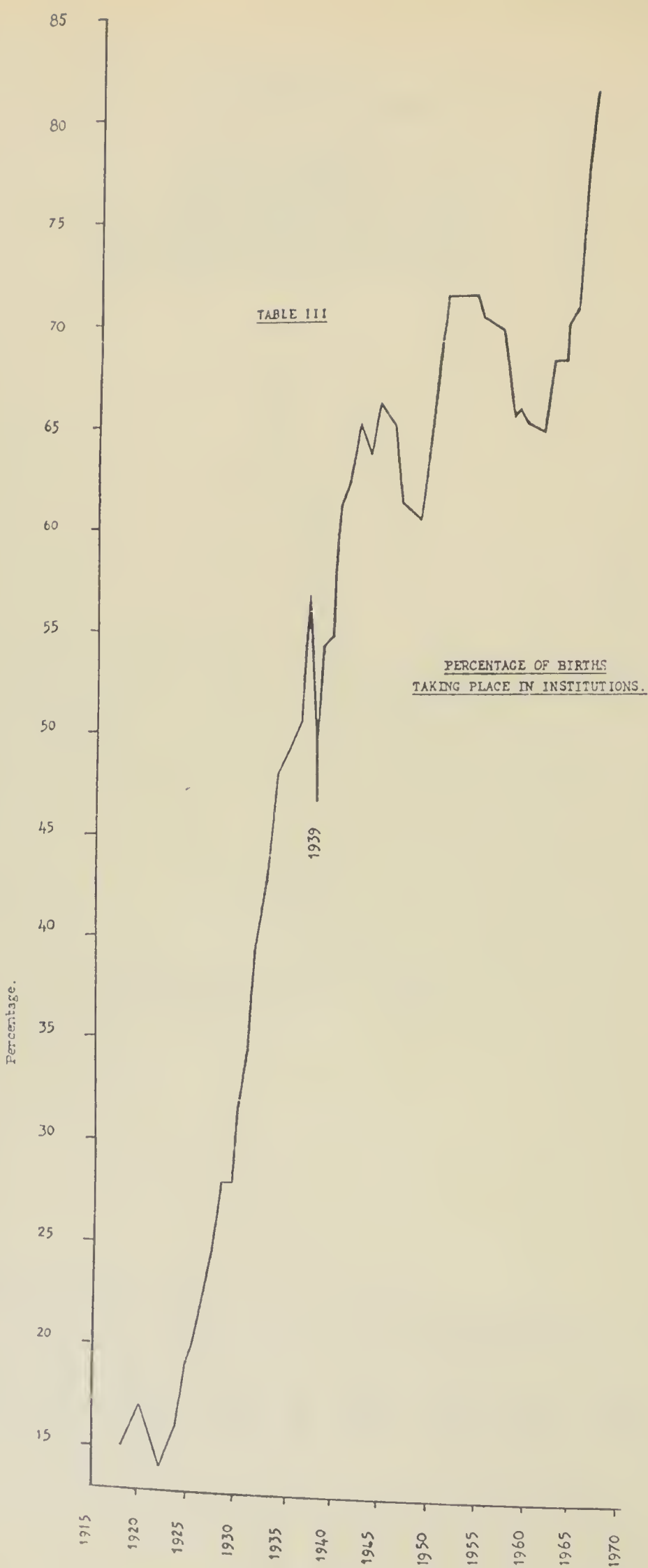


TABLE IV

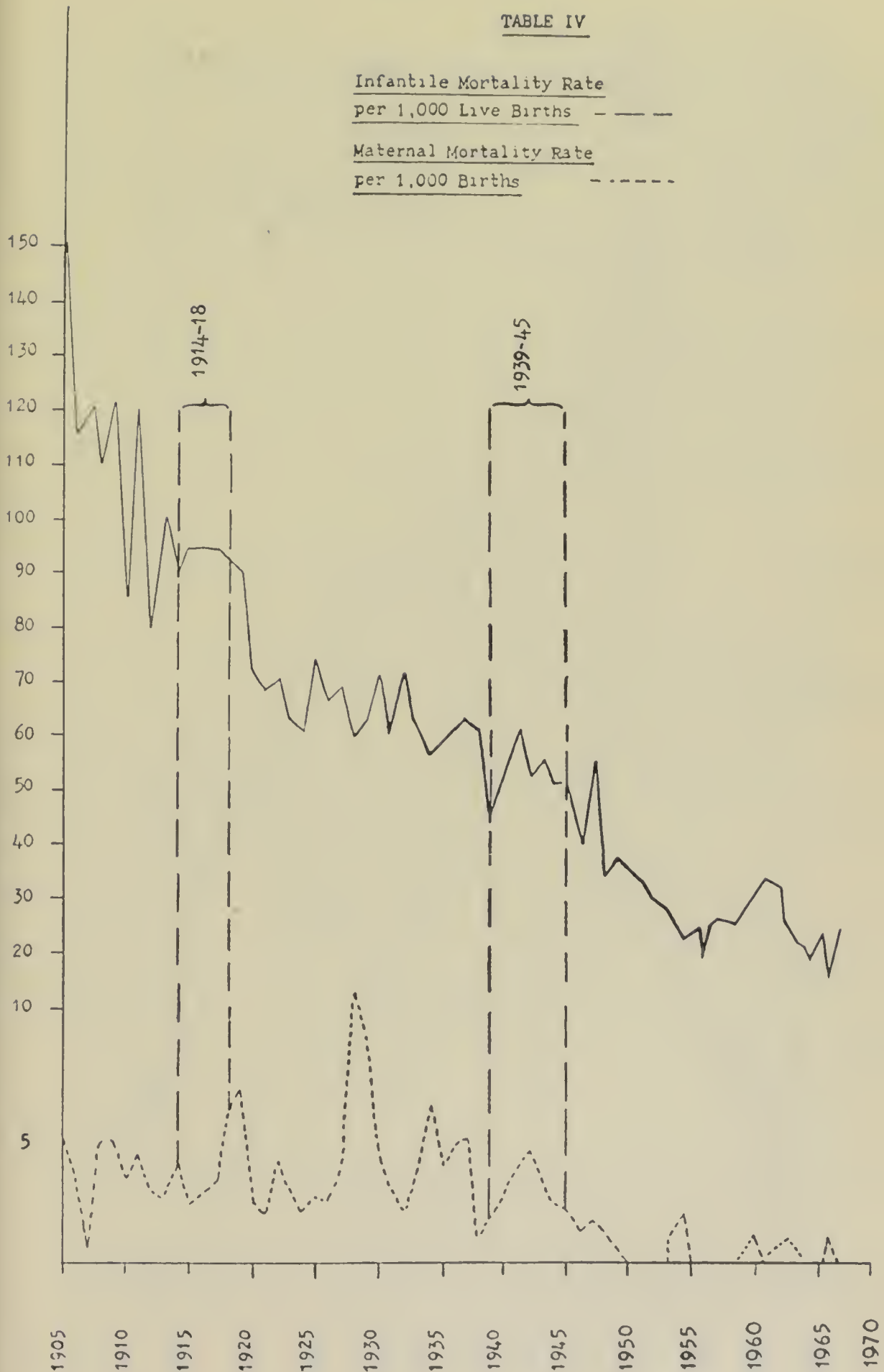
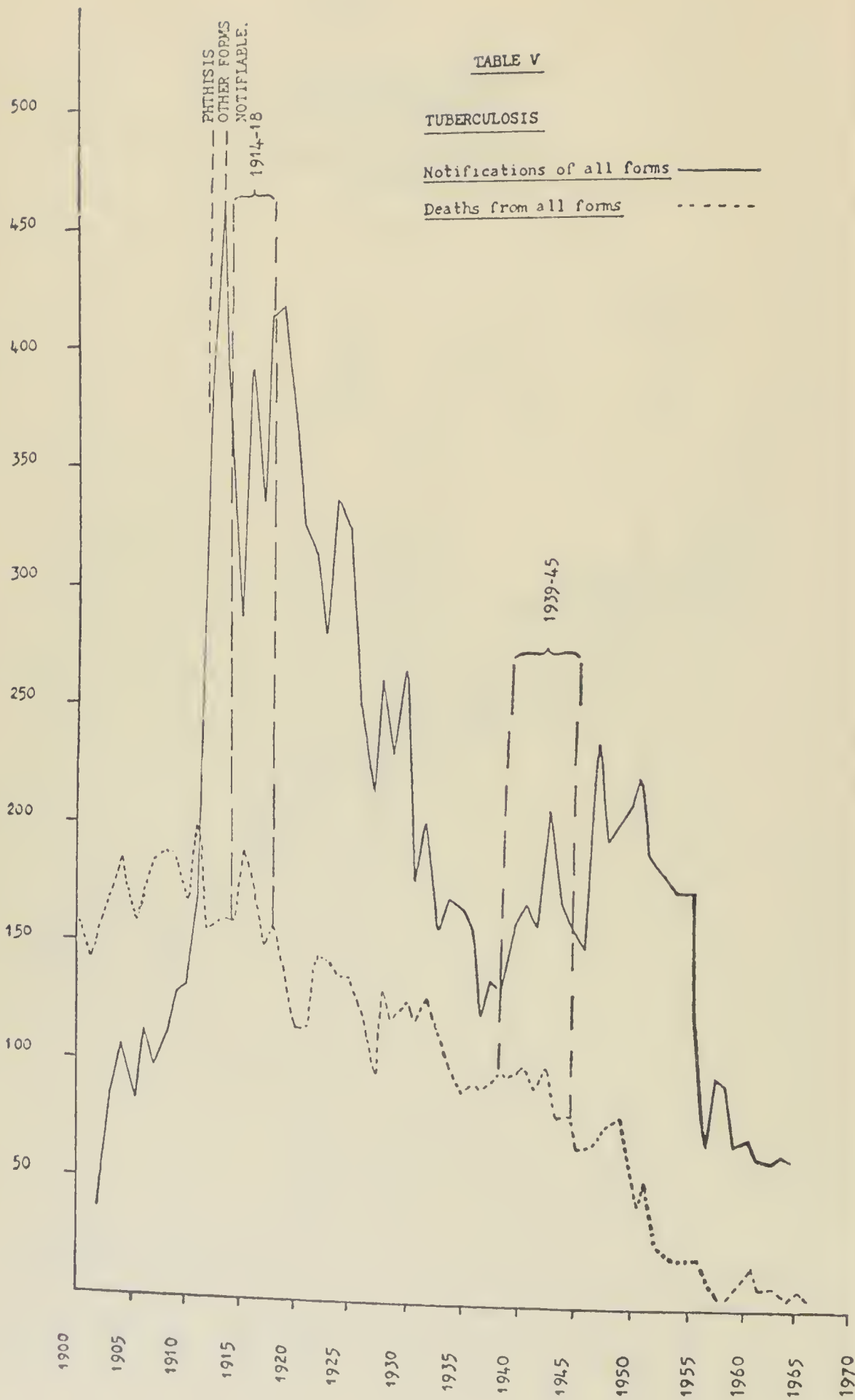


TABLE V

TUBERCULOSIS

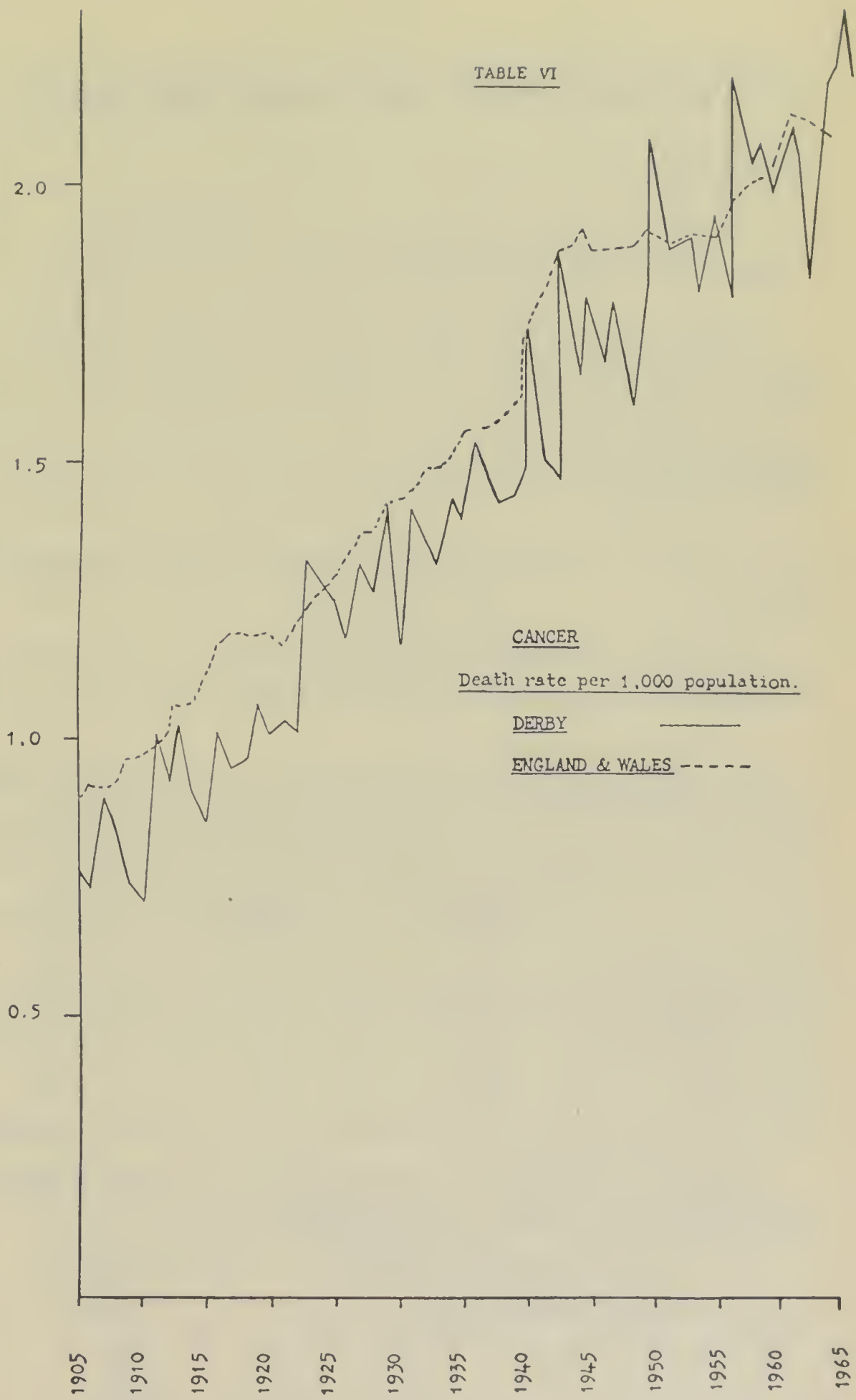
Notifications of all forms —————

Deaths from all forms - - - - -



Rate per 1,000 population.

TABLE VI



II—MATERNITY AND CHILD WELFARE

Midwives.

During the period 1st February, 1966, to the 31st January, 1967, 96 midwives gave notice of intention to practise within the Borough.

85 were attached to institutions (32 at the City Hospital, 20 at the Queen Mary Maternity Home, 32 at the Nightingale Maternity Home and 1 at Derwent Hospital) and 11 were in domiciliary practice. All the domiciliary midwives practising in the Borough were under the direct control of the Health Department.

There were no midwives practising privately in the Borough during the year.

29 midwives removed from the area during the year, leaving 10 in domiciliary practice and 57 in institutional practice at the end of the year.

The following are details of maternity cases attended by midwives practising in the area of the Local Supervising Authority during the year :—

	<i>Adjusted Live Births.</i>	<i>Adjusted Stillbirths.</i>	<i>Total Adjusted Births.</i>
1. Domiciliary ...	466	4	470
2. Institutional ...	1,914	43	1,957
3. TOTAL ...	2,380	47	2,427

Number of cases delivered in institutions but attended on discharge from institutions and before the 10th day—

(a) by domiciliary midwives	...	...	714
(b) by health visitors	...	...	Nil
			<hr/>
			714
			<hr/>

There were 10 domiciliary midwives practising in the Borough throughout the year and 9 of them had been approved by the Central Midwives Board as teachers of pupil midwives.

472 confinements (including non-residents) were attended by domiciliary midwives.

202 ante-natal and post-natal clinic sessions were attended.

3,305 domiciliary ante-natal visits were made.

5,869 domiciliary visits during the lying-in period were made.

3,508 domiciliary post-natal visits to institutional discharges were made by midwives.

The following visits to expectant mothers desiring hospital confinements were carried out by domiciliary midwives:—

Number of expectant mothers visited during year	...	...	...	129
Number recommended—"Hospital essential"	...	...	...	46
"Hospital desirable"	...	...	...	18
"Can be cared for at home"	...	...	...	65

Medical Aid.

Out of the 472 confinements attended by domiciliary midwives, medical aid was sought in 26 cases as follows :—

24 on account of mother or expectant mother.

2 on account of baby.

The following table shows the various reasons for the calling in of medical aid :—

Mothers.

ANTE-NATAL.

Ante-partum haemorrhage	...	..	...	...	...	—
Irregular or Foetal Heart not heard	..	...	...	...	...	1
Placenta Praevia	...	..	...	..	..	—
Various	...	...	...	..	..	—
						1
						==

NATAL.

Prolonged 1st stage	...	...	...	...	...	...	—
Breech or otherwise abnormal presentation	...	...	...	...	...	...	—
Maternal or Foetal Distress (mainly Foetal)	...	...	...	...	...	...	2
Various	...	...	...	...	...	...	3
Intra-Partum Haemorrhage	...	...	...	...	...	...	—
							5

POST-NATAL.

Retained Placenta	...	...	...	...	...	...	1
Lacerated perineum	...	...	...	...	...	...	12
Post-partum haemorrhage	...	...	...	...	...	...	2
Phlebitis	...	...	...	...	...	...	1
Various	...	...	...	...	...	...	2
							18

Babies.

Still Birth	...	...	...	...	...	...	—
Prematurity	...	...	...	...	...	...	—
Shock	...	...	...	...	...	...	—
Congenital malformations	...	...	...	...	...	...	1
Various (infection of eye, Jaundice, etc.)	...	...	...	...	...	...	1
Asphyxia	...	...	...	...	...	...	—
							2

Notification of Liability to be a Source of Infection.

2 notifications were received.

Notification of Death.

55 notifications were received, all from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	—	—	—	—
Infants	—	—	27	28
Total	—	—	27	28

Ante-Natal Clinics.

	<i>Sessions.</i>	<i>First Attendances.</i>	<i>Total Attendances</i>
Green Street	48	191	236
Roe Farm	51	106	136
Normanton	52	235	278
Temple House	51	158	199
Total	202	690	849

Post-Natal Clinics.**GREEN STREET.**

21 attendances were made at ante-natal sessions.

TEMPLE HOUSE.

19 attendances were made at ante-natal sessions.

ROE FARM.

12 attendances were made at ante-natal sessions.

NORMANTON.

8 attendances were made at ante-natal sessions.

Maternal Mortality.

There was one maternal death in 1966.

Births.

The figures given in the following report are based on the number of births actually notified to the Department up to the 31st December, 1966, and do therefore vary slightly from the details provided by the Registrar General.

5,059 notifications were received during 1966 under Section 203, Public Health Act, 1936. Of these, 2,380 were live births and 47 were still-births relating to Derby residents. 2,550 were live births and 82 were still-births relating to non-residents. The details were as follows :—

	LIVE BIRTHS.		STILL-BIRTHS.		Total Non-Residents.	Total Residents.	Grand Total.
	Doctor.		Doctor.				
	Booked.	Not Booked.	Booked.	Not Booked.			
RESIDENTS:— Domiciliary ..	397	69	4	—	—	470	470
NON- RESIDENTS:— Domiciliary ..	3	1	—	—	4	—	4
TOTAL ..	400	70	4	—	4	470	474

	Live Births.	Still-Births.	Total Non-Residents.	Total Residents.	Grand Total
RESIDENTS:— Institutional ..	1,914	43	—	1,957	1,957
NON-RESIDENTS:— Institutional ..	2,546	82	2,628	—	2,628
TOTAL ..	4,460	125	2,628	1,957	4,585

1,957, or 80.63%, of total births relating to residents took place in institutions.

Still-Births.

129 still-births were notified. 47 were in respect of Derby residents and 82 non-residents. There were 115 burials of still-born children in the Derby cemeteries during the year.

Care of Premature Infants.

1. Total number of premature live babies notified during the year whose mothers are normally resident within the Borough ... 172
 - (a) Born at home ... 17
 - (b) Born in hospital ... 155

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2 lb 3 oz or less	6	5	1	—	—	—	—	—	—	—	—	7	—	
2 Over 2 lb 3 oz up to and including 3 lb 4 oz ..	5	1	1	1	—	—	—	—	—	—	—	8	—	
3 Over 3 lb 4 oz up to and including 4 lb 6 oz ..	29	1	—	—	—	—	—	4	—	—	—	5	—	
4 Over 4 lb 6 oz up to and including 4 lb 15 oz ..	38	2	1	—	—	—	—	2	—	—	—	5	—	
5 Over 4 lb 15 oz up to and in- cluding 5 lb 8 oz	77	2	—	1	8	—	—	3	—	—	—	3	1	
TOTAL ..	155	11	3	2	8	—	—	9	—	—	—	28	1	

Premature babies born on the district weighing less than 4½ lbs. were transferred to the Premature Baby Unit.

Attendances at Welfare Centres in 1966.

CENTRE.	Attendances.					Number of Children										First Attendances.												
	Sessions held.	Mothers.	Children.					Weighed.	Seen by Doctor.					Total.	Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.	Total.	Under 1 month.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total under 1 year.	1—5 years.	Total.
Boulton ..	48	1,592	1,246	304	131	60	27	1,768	1,705	182	71	41	20	11	325	51	39	12	3	2	107	11	118					
Rykneld ..	49	2,057	1,557	416	182	87	50	2,292	2,213	247	79	55	45	33	459	96	63	16	7	3	185	25	210					
Nightingale Road	102	2,223	1,608	437	214	158	82	2,499	2,390	176	73	55	39	24	367	93	43	5	8	1	150	9	159					
Pear Tree ..	149	5,222	3,679	1,408	513	242	80	5,922	5,792	590	160	96	58	20	924	145	110	22	3	7	287	20	307					
Roe Farm	52	1,743	1,193	507	163	72	17	1,952	1,923	212	69	42	24	6	353	53	34	9	7	2	105	2	107					
Normanton ..	50	2,262	1,559	681	202	84	31	2,557	2,507	275	98	50	24	12	459	61	31	7	4	2	105	2	107					
Temple House ..	100	3,647	3,026	633	219	115	64	4,057	3,945	436	131	59	33	28	687	163	125	34	11	4	337	18	355					
Mackworth ..	99	2,025	1,476	398	190	88	97	2,249	2,205	232	102	64	28	29	455	73	34	12	7	8	134	8	142					
Green Street ..	102	2,609	2,078	504	154	53	28	2,817	2,726	314	94	53	19	15	495	120	76	20	7	5	228	10	238					
TOTAL ..	751	23,380	17,422	5,288	1,968	959	476	26,113	25,406	2,664	877	515	290	178	4,524	855	555	137	57	34	1,638	105	1,743					

Infantile Mortality during the Year 1966.

Deaths from stated causes at various ages under one year of age.

CAUSE OF DEATH.	Sex	Total all ages.	Under 4 weeks.	4 weeks and under 1 year.
Syphilitic Disease	M	—	—	—
	F	—	—	—
Leukaemia, Aleukaemia ...	M	—	—	—
	F	—	—	—
Pneumonia	M	7	3	4
	F	4	2	2
Other Diseases of the Respira- tory System	M	1	—	1
	F	—	—	—
Gastritis, Enteritis and Diarrohoea	M	—	—	—
	F	1	—	1
Congenital Malformations ...	M	4	2	2
	F	3	3	—
Other Defined and Ill-defined Diseases	M	23	23	—
	F	7	6	1
Motor Vehicle Accidents ...	M	—	—	—
	F	—	—	—
All Other Accidents	M	3	—	3
	F	1	—	1

Children of Pre-School Age.

During the year under review, routine medical inspection was carried out in 1,069 children of two, three and four years of age. Of this number, 59 children were referred for treatment and 447 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 482. In addition, 79 re-inspections and 32 special examinations were made.

Below is a statement of cases, showing the numbers of children of pre-school age which were referred to the various clinics during the year :—

Orthopaedic Clinic	...	...	...	...	...	67
Dental Clinic	...	...	...	...	...	179
Child Guidance Clinic	...	...	...	...	...	2
Aural Clinic	...	...	...	...	...	3
Speech Clinic	...	...	...	...	...	24

WELFARE FOODS SERVICE

The table below shows that in comparison with 1965 there was a slight decrease in the issues of National Dried Milk, Cod Liver Oil and Vitamin A and D Tablets and that the issues of Orange Juice increased slightly.

The assistance of the Women's Voluntary Service for Civil Defence, who continued to provide the staff for the eleven distribution centres at clinics and hospitals, is again gratefully acknowledged.

Summary of Issues at Distribution Centres in 1966.

<i>Distribution Point.</i>	<i>N.D.M.</i>		<i>Cod Liver Oil.</i>	<i>Vitamin A & D Tablets.</i>	<i>Orange Juice.</i>
	<i>Full Cream.</i>	<i>Half Cream.</i>			
	<i>Tins.</i>	<i>Tins.</i>	<i>Bottles.</i>	<i>Packets.</i>	<i>Bottles.</i>
Health Dept., Council House..	25,718	2,131	2,336	2,537	21,450
Temple House	723	24	127	54	579
Boulton	779	11	53	48	905
Nightingale Road	1,088	22	59	31	624
Pear Tree Baptist	10,656	226	660	106	1,981
Normanton	655	8	139	48	1,470
Roe Farm	514	3	81	58	643
Rykneld	404	7	116	72	1,005
Green Street	264	11	65	34	468
Mackworth	538	7	81	41	828
City Hospital	—	—	—	259	755
Nightingale Home	—	—	70	320	1,590
Totals	41,339	2,450	3,787	3,608	32,298
Comparative totals for 1965 ..	43,519	2,391	3,789	3,778	31,696

REPORT ON HEALTH VISITORS' WORK

by MISS J. HEADINGTON, *Superintendent Health Visitor.*

During the year 1966 there have been several extensions in the Health Visiting Service, demanding a high degree of expertise on the part of the Health Visitor.

Firstly, there has been shown a genuine desire of parents to ask for advice on modern methods of contraception in order to space or limit families, due to economic or other social reasons. In both these classes many problems emerged, and these types of visits can be extremely time consuming when emotions are mixed, and a suitable answer to their questions must be found to alleviate stress within the family group. I think it is true to say that this quest for knowledge may be attributed to the different methods of mass media that have been employed to put this controversial subject across to the community.

Applications for the running of play groups in private houses and church premises have increased, as many mothers have felt the need of this service especially for the three to five year olds. The idea of a play group is particularly acceptable to the mother with one or two children, where they can learn to play with other children under supervision. One of these play groups has taken in Indian and English children for three sessions weekly, and the children play in a happy atmosphere and language barriers are gradually broken down. There have also been more applicants for child minding, a very useful service when mothers are on shift work, and a good help to the immigrant population when living in restricted housing conditions. These premises have been inspected, prospective applicants interviewed and seventy visits made to registered premises with regard to child welfare.

In February it was possible to allocate a Health Visitor part-time to geriatric work, the duties entailing a weekly ward round with the Consultant Geriatrician at the Manor Hospital, and the follow-up at home of certain old people requiring the support of the Health Visitor. Home visits could be made regarding advice on diets, chiropody, the taking of medicines and tablets. There was co-operation also with hospital social services, doctors and local authority health and welfare services. The object of this exercise being to eliminate when possible the chances of re-admission to hospital due to misunderstanding or the inability of the aged person to carry out instructions and to enable them to go on living in their own homes, which the majority of old people prefer to do. Many are very lonely and much appreciate this type of call.

Two more group practices asked for Health Visitor attachment, and this was arranged in October. Child Welfare and ante-natal sessions have been held on their premises with a Health Visitor giving advice and working with the general practitioners on a similar basis to the local authority clinics. There are now three Group Practice Health Visitor attachments within the Borough.

The number of students including doctors, health visitors, pupil midwives, day nursery students, hospital and social service students that have accompanied Health Visitors on home visits and attended clinics have risen considerably, also there have been numerous requests from student teachers and teachers, for health education material on public health subjects. There

is a growing need by all of them to know more about public health work and how it fits into the requirements of the community. A certain amount of knowledge on the prevention of illness is required in order to satisfy examiners and to broaden the students' outlook during and after qualifications. Unfortunately this work has produced very few enquiries with regard to the health visiting field. It is now desirable that students should possess five "O" levels of education and two nursing qualifications prior to a further period of one year's training as a student health visitor. Although contact is frequently maintained with schools of nursing by giving lectures, attending committees and the use of the press, recruitment may be only one or two students each year. These are disappointing figures and inhibit expansion. A permanent shortage of health visitors presents its problems and the deployment of staff must constantly be under review in order to give the best possible service under present day circumstances.

Over the year there have been four part-time Health Visitors on the staff and they have fitted into the work programme exceedingly well, carrying out the same duties on a smaller scale, and when necessary acting as holiday reliefs.

With the rapid advancement of medical science the need to read quickly, regular refresher courses and in-service training is most important. It is hoped to give more attention to the latter in the following year by showing films and having group discussions amongst the local authority nursing services and other public health staff, and by so doing helping to create a bigger and better team spirit. It has been particularly encouraging to us all to have had the Medical Officer of Health present to answer questions on modern medicine and other complex subjects which at some time trouble us all.

A Punjabi and Urdu speaking interpreter was appointed for part-time work, and her services have been of great value. She has attended four clinic sessions each week and accompanied Health Visitors into homes where it was impossible to penetrate the language barrier. Sometimes ten visits have been made in a morning session to houses where it was necessary to give or to receive information regarding immigrants entering the country, infectious diseases, ante-natal care, infant feeding, immunisation and vaccination programmes to mention a few. In the clinics she has been of help to doctors and the rest of the staff in general.

Analysis of Congenital Defects of children born during 1964, 1965 and 1966.

The number of babies born with congenital defects decreased slightly. In 1965 there were 53, and in 1966 there were 46.

DIAGNOSIS	1964		1965		1966	
	<i>Births</i>		<i>Births</i>		<i>Births</i>	
	<i>Still</i>	<i>Live</i>	<i>Still</i>	<i>Live</i>	<i>Still</i>	<i>Live</i>
<i>Central Nervous System.</i>						
Anencephalus	3	1	5	1	2	1
Hydrocephalus	3	3	1	2	2	—
Defects of the Spinal Cord, not otherwise specified	1	1	—	—	—	1
Spina bifida	1	7	—	3	1	1

				1964 <i>Births</i>		1965 <i>Births</i>		1966 <i>Births</i>	
				<i>Still</i>	<i>Live</i>	<i>Still</i>	<i>Live</i>	<i>Still</i>	<i>Live</i>
<i>Eye, Ear.</i>									
Defects of the ear, not otherwise specified	...	...	...	—	1	—	1	—	—
<i>Alimentary System.</i>									
Defects of the alimentary system, not otherwise specified	...	...	...	—	1	—	2	—	2
Cleft Lip	...	...	...	1	2	—	5	—	2
Cleft Palate	...	...	...	1	3	—	6	—	2
Other defects of alimentary system				—	—	—	—	—	3
<i>Heart and Great Vessels.</i>									
Congenital heart disease, not otherwise specified	...	...	...	—	2	—	2	—	—
Transposition of Great Vessels	...			—	1	—	—	—	—
Other defects of heart and Great Vessels	...	...	...	—	—	1	—	1	—
<i>Uro-genital System.</i>									
Polycystic kidney, all forms	...			—	1	—	1	—	—
Hydro-ureter	...	...	...	—	—	—	1	—	—
Hypospadias	...	...	...	—	1	—	6	—	5
Other defects of male genitalia	...			—	1	—	—	—	—
Defects of female genitalia (includes female pseudo-hermaphroditism)				—	1	—	—	—	—
Indeterminate sex	...	...	...	1	—	—	—	—	—
<i>Limbs</i>									
Defects of upper limbs, not otherwise specified	...	...	...	—	6	—	—	—	1
Defects of lower limbs, not otherwise specified	...	...	...	—	1	—	3	—	3
Syndactyly	...	...	...	—	2	—	—	—	—
Talipes	...	...	...	1	7	—	9	—	12
Other defects of hand	...	...	...	—	—	—	—	—	3
Dislocation of hip	...	...	...	—	—	—	—	—	2
<i>Other Skeletal.</i>									
Other defects of spine	...	...	...	—	1	—	—	—	1
Osteogenesis imperfecta	...	...	...	—	—	—	1	—	—
<i>Other Systems.</i>									
Other defects of face and neck	...			—	—	—	—	1	—
Exomphalos	...	...	...	1	—	1	—	1	—
Defects of endocrine glands	...			—	—	—	—	—	1
<i>Other Malformations.</i>									
Other	...	...	...	—	—	—	1	—	1
Multiple malformations not otherwise specified	...	...	...	—	—	—	—	—	1

The number of registrations in 1966 relating to children found to have been born at risk over the previous five years was 1,452 as against 1,234 in 1965, of which 877 related to children born during 1966. One of the reasons for this I am sure was a much greater awareness by all the staff who contribute this information for record purposes of its importance with regard to national research, and the medical and social implications involved. It has been necessary to visit these children much more frequently in order to see that hospital appointments have been kept and treatment and diets have been followed out. Extra support has also been given to the children who fall into the social problem group, especially if there has been mental ill-health or mental sub-normality in one or both parents. Guiding them along the right lines in the prevention of ill-health can be an arduous task, and calls for patience and tact on the part of the Health Visitor. In a few cases during the past year where there has been marital friction and child neglect has been suspected, it has been necessary to liaise with case workers in internal and external departments to rally round the family and try and keep it together.

Clinic attendances have increased again, many mothers consulting the Health Visitor on day to day family problems as well as on the mental and physical development of young children. In the past they have gleaned knowledge from relatives, neighbours and friends but now with more women working as soon as they feel able to leave their families, this source of information is slowly drying up and they are turning more each year for guidance from outside sources.

The Health Visitors have given a number of talks and shown film strips to women's clubs, students and other gatherings on health subjects, and they have also devoted a certain amount of time during clinic sessions to groups of mothers, teaching and discussing positive health with the use of all types of visual aids.

VISITS BY HEALTH VISITORS

1. CHILD WELFARE.

Children born in 1966	...	...	...	...	...	...	12,770
Children born in 1965	...	...	...	...	...	...	5,631
Children born 1961 to 1964	...	...	...	...	...	...	11,642
Total number of children 0 to 5 years	...	...	...	...	...	...	30,043

2. OVER 65.

Persons aged 65 years or over	...	...	...	...	...	122
Persons aged 65 years or over visited at the special request of G.P. or hospital	...	...	...	...	...	345

3. MENTAL DISORDERS.

Mentally disordered persons	...	...	...	...	...	3,336
Mentally disordered persons visited at the special request of G.P. or hospital	...	...	...	...	...	125

4.	HOSPITAL AFTER-CARE.								
	Persons discharged from hospital (other than mental hospitals)								368
	Persons discharged from hospital (other than mental hospitals)								
	visited at the special request of G.P. or hospital	...	...	...	...	...	...	...	350
5.	T.B. HOUSEHOLDS	...	...	...	...	...	...	...	145
6.	INFECTIOUS HOUSEHOLDS		...	...	...	...	...	...	1,082
7.	OTHER PUBLIC HEALTH WORK.					<i>Under 65</i>	<i>Over 65</i>		
	Visits re chronic sick	...	...	...		
	Urgent admission	...	...	...	7		170		
	Normal admission from waiting list	...	...	...	2		18		
	Others	...	...	...	2		20		
	Assisting at ante-natal sessions	...	...	...	...	...	...		202
	Assisting at Child Health sessions	...	...	...	...	...	...		1,305
	Assisting at Cytology sessions	...	...	...	...	...	...		96
	Assisting at diabetic clinics	...	...	...	...	...	...		78
	Hospital Visits—								
	Geriatric	...	...	...	...	...	...		56
	Paediatric	...	...	...	...	...	...		75
	Diabetic	...	...	...	...	...	...		79
	Group Practice Liaison—								
	Visits to surgeries	...	...	...	...	...	...		250
	Ante-natal and child health sessions in surgeries						...	...	76
	Attending committee meetings	...	...	...	...	...	...		20
8.	MISCELLANEOUS.								
	One Health Visitor attended a one-day Diabetic Conference.								
	One Health Visitor attended a three-day course on Hearing Testing techniques.								
	Two Health Visitors attended the Premature Baby Unit for one day each.								
9.	HEALTH EDUCATION.								
	Talks in Maternity Hospitals	...	...	...	...	...	...		10
	Talks to Students and Clubs	...	...	...	...	...	...		24
	Talks and use of Film in Welfare and Ante-natal Clinics								
	(Groups)						...		200
	(Attendanees)								1,250
	Talks and use of Film Strips in Welfare and Ante-natal Clinics								
	(Group Practice)	...	...	...		(Groups)	...		32
						(Attendanees)			155
10.	RESEARCH	...	...	...	...	...	...	...	—
11.	PART-TIME USE OF INTERPRETER FOR INDIAN AND PAKISTANI FAMILIES.								
	Clinic sessions	...	...	...	...	...	...		198
	Home Visiting Sessions	...	...	...	...	...	...		26

DERBY DIOCESAN COUNCIL FOR SOCIAL WORK

Report by the Organising Secretary.

Of the 59 mothers seeking our help, seven were West Indians expecting the babies of West Indian fathers, one West Indian girl was pregnant by an English boy and ten English girls were expecting half-caste children by West Indian, Fiji or Pakistani men.

Although numerically the problem of the half-caste or fully coloured children is a comparatively small one, there are many aspects to be considered, and many difficulties for the families to overcome. Not every family is in a position to offer an adequate or satisfactory home, especially when the mother is very young, and has perhaps not yet completed her education or training for a career.

The immigrant families in Derby have other problems, too, and the Council trusts that some needs are being met in a small way by the opening of the Play Group at St. James', Normanton, where children are helped both conversationally and socially to integrate easily into their new country, and by the formation of the Walbrook Housing Association whose aim is to rent a house to a family (irrespective of colour or nationality) for a year, and then to help them to obtain permanent accommodation.

Total number of new cases referred during 1966 70

Analysis.

Illegitimacy	...	...	...	...	...	...	59
Babies placed with adopting parents	...	...	...	...	...	...	1
Aftercare	...	...	...	...	...	...	4
Family Problems	...	...	...	...	...	...	2
Matrimonial	...	...	...	...	...	...	1
Supervision	...	...	...	...	...	...	3

Classification of Mothers.

Single	...	...	...	...	...	...	53
Divorced	...	...	...	...	...	...	2
Separated	...	...	...	...	...	...	3
Married	...	...	...	...	...	...	1

Position of baby at the end of the year.

Not born	...	...	...	...	...	...	16
With mother in home of relative	...	...	...	...	...	...	10
Placed for adoption	...	...	...	...	...	...	7
With mother in own home	...	...	...	...	...	...	6
In care of Voluntary Society	...	...	...	...	...	...	5
In care of Local Authority	...	...	...	...	...	...	4
In fosterhome	...	...	...	...	...	...	3
With mother married to putative father	...	...	...	...	...	...	2
Referred to Roman Catholic Workers	...	...	...	...	...	...	2
Miscarriage, stillbirth or died	...	...	...	...	...	...	2
In Mother and Baby Home	...	...	...	...	...	...	1
Not known	...	...	...	...	...	...	1

Referred by:—

G.P.'s	...	...	...	...	...	20
Medical Social Workers	...	...	...	...	...	12
Personal	...	...	...	...	...	10
Children's Department	...	...	...	...	...	4
Health Visitors	...	...	...	...	...	2
Clergy	...	...	...	...	...	2
Church Social Workers	...	...	...	...	...	2
N.C.U.M.C.	...	...	...	...	...	2
Welfare Department	...	...	...	...	...	2
Police	...	...	...	...	...	1
Marriage Guidance Council	...	...	...	...	...	1
Citizens' Advice Bureau	...	...	...	...	...	1

ANNUAL REPORT OF THE DAY NURSERIESby MRS. M. R. MOSS, *Supervisor.*

Over a quarter of a century has elapsed since Derby Health Committee, like most towns and cities, were called upon by the State to embark upon an "extra" emergency service to be conducted under the auspices of the Ministry of Health and to be entitled "War Time Day Nurseries Service".

Many eminent and authoritative personages viewed these arrangements with alarm because of its possible danger to very young children's health (although for many years prior to 1941 there were day nurseries successfully administered in many parts of the country controlled by interested voluntary committees and were known as creches).

However as women were urgently needed in munition factories and many other jobs of importance to assist the war effort and to replace the men being draughted into the forces (England standing alone since the fall of France in June, 1940), the war-time day nurseries were sanctioned for the emergency period only.

The Early Years.

1941—Derby's first four day nurseries were opened. These consisted of premises obtained by compulsory purchase, comprising large dwelling houses. These needed converting, cleaning, equipping for the use of tiny children and their staff.

1942—As four war-time day nurseries in this town were insufficient to meet the national emergency, a further four were opened, these were buildings of war-time design which could be set up in a very short time with minimum materials as they were prefabricated, designed structurally to last approximately for ten years!!—as it was hoped that as soon as hostilities ceased that these nurseries would be dissolved:—two of these buildings are in use and now 25 years old!

This made a total of eight war-time day nurseries in Derby accommodating 225 children daily, between the tender ages of 3 weeks and 5 years. These nurseries were opened from 7.00 a.m. to 7.00 p.m. Monday to Saturday, one nursery being used as a residential, emergency night nursery including week-ends.

The initial work involved with Derby's eight war-time day nurseries was considerable, premises needed to be cleaned of rubbish general repairs done and alterations to certain structures to make the houses suitable for the job.

Staffing was a problem as there were very few who understood the depth of need and care of other people's healthy young babies and children when they were grouped together.

Talks, lectures and demonstrations were arranged to give all the pioneer staff at least a fundamental grounding in the essentials of Infant and Child Welfare. This instruction included First Aid and Civil Defence measures, ensuring that in the event of an enemy attack all were prepared. Mickey Mouse gas masks—gas mask cradles—incendiary bomb outfits, etc., were all part of a day nursery's equipment! These unofficial short courses were so successful that varying groups within the town including "forces personnel" asked for talks to their groups on the subject of child welfare.

Eventually a course emerged nationally called "The Child Care Reserve Course", and this carried momentum up and down the country, giving a certain amount of knowledge needed, to people who were involved in the care of young children.

So Derby should be proud to remember those pioneer days.

1943—The Derby Day Nurseries were affiliated to the National Society of Children's Nurseries for the training of nursery students. This was a great achievement and this town was one of the first to start the training of nursery nurses on a national level, under this excellent society—"THE PIONEER SOCIETY" in the training of nursery nurses.

The high standard of the Derby day nurseries in relation to the environment and care of the children already existing, alone, gave us this affiliation immediately.

During 1943 the Royal College of Nursing called for a specialist of the Derby nursery staff to serve on their panel as an adviser to help them in regards to day nursery work for the industrial areas of Great Britain.

1944—If one reads the full report of the Medical Officer of Health for Derby for this year it will be seen that the year was outstanding for the allied assaults on Hitler's "Fortress of Europe"—these military events directly affecting Derby, increasing the need for even more women to help in essential war work. Here is an excerpt from that report, "Whereas the prime function of war-time day nurseries enabled many mothers to devote their labours to the service of the state, the children have reaped great benefit and the nurseries have provided an excellent training school for nursery nurses. The town has been excellently served by splendid staffs."

1945—The first examinations since affiliation took place in 1945 resulted in Derby achieving one of the highest records of passes in the British Isles for that period, one student receiving "distinction" of which there were only five throughout the country. Two of these successful students remained with us over the years eventually, being promoted to that of a Day Nursery Matron and are now very well established.

Another credit this year to Derby was an invitation by the National Nursery Examining Authority for a representative of the nursery staff to act on the Examining Board. This proved a distinctly interesting, though exhausting honour but was beneficial, particularly to Derby, as we were able to get first-hand information of other areas all over England and so valuable experiences were built up and helped to improve Derby's standard further.

1946—Amalgamation of all centres of training was this year jointly pursued throughout the country and the training of nursery nurses was transferred to the Royal Sanitary Institute (now the Royal Society of Health). This entailed a widening of the training scheme and absorbing extra students from Nursery Schools, thus giving knowledge and qualification to an even greater number of candidates. (This new arrangement of training covered all nursery training colleges and other centres, candidates of such colleges having to pay a premium of £200 or more to train as a nursery nurse.) The greatest benefit of this new scheme was to the nursery students who were assigned to the training centre for two days each week for two years to further their vocational and educational studies (previously students had only two or three hours each week at their disposal for their studies).

1947—All through the years our greatest difficulty was acquiring toys and occupational equipment for the children. It was almost a losing battle trying to convince the authorities that small children needed a variety of interests throughout a long nursery day. We were however lucky to have staff who appreciated this need and so all through the years we were able to augment the necessary items for the children by the aid of Garden Parties, Sales of Work, Staff Dances and an interested voluntary amateur joiner who made all manner of good, strong toys for a great number of years. Being a father he knew that play is an essential part of learning about life!!

The Changes of Time.

1948—Although the Derby day nurseries were instituted as an "emergency measure" in 1941 chiefly to release mothers for priority war work, it has now been found that even though hostilities have ceased, the continuation of such establishments are still needed, chiefly owing to the aftermath of war. The predominant reasons for continuing this service will be seen as follows:—

- | | |
|--|---|
| (1) Children of war widows. | |
| (2) Children of war widowers. | |
| (3) Children of wives with invalid husbands. (Some as the results of war wounds, shock, etc.). | |
| (4) Unmarried mothers. | } Of these a high percentage owing to results of war. |
| (5) Separated. | |
| (6) Divorced. | |
| (7) Children of fathers on National Service. | |

So, the nursery units continued progressively towards a very necessary, well established social service from that of a very short emergency war arrangement.

1949—This service was widened and extended to assist a greater variety of needs—including special cases were children of parents in hospital, mothers' confinements and prolonged illness or disability of either parent. (2) Poor or dangerous living accommodation. (3) Handicapped or backward children.

It was also found that owing to so many "sium dwellings" still habitated, that for the child's health and progress he would benefit from nursery care.

These and many other aspects of difficult backgrounds to children, either of a temporary or permanent nature, found practical help which did much to relieve the anxiety of parents in such positions.

1950—A new 50-place Day Nursery was opened this year—the Ashtree House Day Nursery. An old-type house which adapted itself well for the job, and in addition had a wonderful garden for the children. The fifty places were filled rapidly as there was a long waiting list. One of the most interesting points was that two members of the staff were recruited as students, who had attended the first war-time day nurseries as children of $4\frac{1}{2}$ years old.

This nursery is in a very suitable position as it will serve employees of many large works from the surrounding districts.

1951—A new Training Centre for nursery students was acquired, a great improvement on the one old classroom which was used up to this time. It has great possibilities, the garden attached is large and beautiful—students should gain inspiration from its wonderful, natural setting.

1952—Reported to be a particularly good year as there was no evidence of any serious infection amongst the children throughout the year, and even the common cold did not seem to affect them unduly.

1953—Two of the nursery students who obtained their diploma this year deserve to go on record. One who as a child in 1942 attended the war-time day nursery in Beaufort Street is today a House-mother in Warwickshire and the other student who did $3\frac{1}{2}$ years' unpaid voluntary work in the nurseries during the school holidays prior to her nursery training, is now a Ward Sister in one of Derbyshire's leading hospitals.

We were privileged this year to hold a stand in the Derby Coronation Exhibition. A complete miniature of a day nursery in action was portrayed in model form, and also many aspects of the children's work, paintings, clay and plasticine models, etc., was shown, and a wide variety of other arrangements.

The public appeared to be particularly interested in large scale photographs of the children in their play and activities. These were taken in the main, by a very interested amateur photographer, a member of the nursery staff, who to this day continues this very costly hobby.

1954—This year saw the opening of the Armstrong Day Nursery, which took the place of one of our old war-time prefabricated emergency buildings. The Armstrong Day Nursery is a modern one-storeyed building overlooking a large expanse of meadow land. The nursery building is designed to allow a maximum of light, sun and air, the whole unit accommodating 50—60 children each day, whose ages range from a few weeks to 5 years. On Thursday, 9th September, the official opening of this nursery was conducted by the man whose name it honours—Alderman E. A. Armstrong, Chairman of Derby Health Committee. With the opening of this new nursery it increased the number of places per day from 170 to 180. (The four smaller house nurseries having been closed at the end of hostilities due to housing shortage).

1955—In January of this year, Dr. A. Morrison, late Deputy Medical Officer of Health, generously presented a silver cup to this department, to be presented annually to "The Nursery Student of the Year". The winner of the cup this year remained on the staff and has now graduated to that of Nursery Matron. This coveted trophy, we hope, will be an added incentive to the students of the future.

It is here that we would like to put on record the invaluable help and guidance given to us by Doctor Alex. Morrison through the years—he understood the human problems of our children and staff and in many matters assisted us.

The Common Task.

1956—The routine tasks of the nurseries remain and it will be seen in previous reports how the continuous attention to the care and management of the children from all aspects is the constant goal of the nursery staff.

From the early years the children have been under medical surveillance, with an initial examination on admission and a continuity of health inspections at intervals throughout the child's nursery stay. Any defects are then discovered early and treatment or help is given to prevent any permanent disability.

Immunisations and vaccinations against the killer diseases of children, were instituted immediately they became a public health service and have been diligently carried out through the years by Derby's Medical Officers.

1957—The training of nursery nurses remains an important part of the Day Nurseries task. A qualified nursery nurse should have technique in the whole field of child care and development. Knowledge is found in practice within the nursery groups of children and so the technique with the knowledge acquired in practice should be good. Much assistance continues to be given by various personnel, particularly in regards to the Nursery Nurses Training Scheme, and this is our opportunity to give all who are so helpful our grateful thanks in pursuing this help.

1958—This year the nursery activities went on as before with renewed vigour! We were sorry to lose the services of four of our pioneer nursery matrons by this time, who helped in giving much early enthusiasm to this department—they did much to lay the foundations and assisted in the establishment of the nurseries throughout the most difficult war years.

1959—It will be seen that each year the applications for day nursery service continues to rise and in December, 1959, there were 420 children on the waiting list. The greater proportion of the applicants needed a central day nursery, and as will be seen by this year's report suggestions are still being made for more and bigger day nurseries for this area.

1960-64—Very little change to report in the continuance of the work done by the Derby day nurseries. The reasons for admission of these children during these years and the work done can be seen by reports before these years.

1965—The syllabus of the N.N.E.B. has been re-organised and the training of students now includes a wider age range of children from 0-7 years.

This year a member of the nursery staff was made a Fellow Member of the Royal Society of Health (the governing body of our training scheme).

A Mother's Viewpoint.

1966— Below is one of many letters received from time to time which gives an example of the practical help of the day nursery for its citizens.

Dear ———,

"I feel I would like to express my appreciation at the way in which my son has been cared for whilst attending a Derby day nursery for five years.

"My husband had a long period of ill-health prior to the birth of my baby and I was doing an important job of work.

"After my baby arrived I had the natural motherly qualms of whether I should go through with this, relatives all seemed to be against the idea (especially the older ones) as they thought it was a terrible thing to do to put such a tiny baby into a day nursery, saying how he would suffer for this in later years, 'lack of mother love', etc., they said, but the funny part was that they were perfectly willing to look after him for me. My husband and I decided against this, we were determined to go through with our own independence, as we failed to see what difference there was in him being cared for by a relative to that of a good day nursery. We were sure of one thing that, we could take him to the nursery each day and have no worries about his care in experienced hands, whereas if a relative is looking after him we would have the worry maybe, having to face—'he's been crying a lot today' and even 'I can't possibly look after him any longer, I'm afraid'.

"My baby went into the day nursery at six weeks old and I well remember that first day, wondering whether he was alright, but I had no need to worry at all, as I found out as time went on. He just thrived and kept on growing both mentally and physically.

"The nursery Matron and Staff were always so very helpful and understanding, and I firmly believe that no harm can come of this arrangement if you are willing to work in with the nursery, discussing your baby with Matron, this is important. I for one have not noticed any lack of love with my child. He was always eager to go to the nursery, but always pleased to see me at "home-time", and I feel this is how it should be.

"The years flew by and he quickly progressed, I found him more forward in many ways than his friends who stayed at home with mother, I suppose this came from mixing with children some a little older than himself, and copying them. He has never been a shy child and always mixed well, this I contribute primarily to the nursery.

"Some employers are dubious about employing mothers with young babies but I never lost any time through my child being ill other than a few childish ailments, which is negligible over five years.

"My baby grew into a sturdy boy, all the time making good progress and having his necessary immunisations at the appropriate times.

"To my way of thinking, I cannot see any difference at all in having day nursery care to that of a nannie. After all I did have my child after the day's work was over and at week-ends. I cannot see and will never know why there should be one understanding for the rich and another for the poorer.

"My son has now left the nursery and has started school at five years of age, a very independent little chap. I firmly believe that the nursery prepared

him well for this and I have nothing but admiration for the good work the day nursery staff, both qualified and unqualified, are doing for mothers who for one reason or another wish to go out to work."

(Signed) A GRATEFUL MOTHER.

Admissions for 1966

0-2 years. 2-5 years.

Number of approved places	70	110
Number of children on register at end of year	65	144
Average daily attendance during the year	50	109
Waiting List December, 1966	34	72

Reasons for Admissions.

These remain as quoted in the 1965 Report. Priority of admission being given always to those who urgently require help.

Nursery Fees.

Nursery fees were first introduced in 1941 as 1s. 0d. per child per day. Today, 1966, the maximum fee is 10s. 0d. per child per day (a reduced rate of 2s. 0d. per day if the mother is the sole supporter of herself and child or there are any other extenuating financial circumstances).

Staffing of Nurseries.

The total number of staff employed at the end of December, 1966, was 64. The categories of staff employed remain as in the previous year.

Training of Students.

Training continues to be maintained as in previous years—resulting examination passes showed that a student continues to acquire a good level of knowledge and understanding of nursery nursing.

Administration of the Day Nurseries.

This continues from central office as in all previous years.

It is here that I would like to pay tribute to the unending co-operation of the clerical staff involved, past and present, who have given their continuous support in all matters relating to the department and to the human way in which they have dealt with all members of the public that have approached us for advice and help.

Thoughts for the Future.

As will be seen, "much water has gone under the bridge" since the advent of the day nurseries in Derby and all through the years we have tried to maintain (sometimes against great odds) a good standard for the town.

The criticism of so many, "for and against" the service of the day nurseries to the community plied heavily through the years. Now in 1966, many minds are fully convinced, through personal experience of the valuable work done, that although a very young child's first needs are his parents and home environment (providing the background is stable in all matters) that a well run day nursery is the very best alternative in emergency or need.

Our job, then, is to look to the present and the future and make our nurseries even more fitting places for the "small" citizens of Derby.

III.—DENTAL SERVICES

Report by MR. F. GROSSMAN, *Principal School Dental Officer.*

Staff.

We have been fortunate in losing no professional staff during the year, but the position as regards obtaining replacements continues to be difficult. In our endeavour to fill the vacancies it was decided to upgrade two Assistant posts to Senior posts, so as to attract suitable applicants. After repeated advertisements we still were unable to fill the posts. The attractions of General Dental Service still works to the disadvantage of recruitment in Public Service. Since the commencement of the National Health Service in 1948 the number of general practitioners in dental practice in Derby has increased from twenty-nine to forty-one. It is disappointing that no new staff can be recruited. Inspection and dental health talks by our staff helps to keep the mothers and children dentally conscious and reminds them of the necessity of oral hygiene.

At the end of the year we had the equivalent of two and a half full-time officers out of an establishment of five. In addition, a dental auxiliary is employed to carry out conservative work and give talks on dental health in the schools.

Treatment.

The work at the Dental Clinic continued steadily throughout the year. There were no changes in the professional staff during 1966. It is not surprising to find nothing outstanding in the statistical tables relating to the year's activities, which are very similar to the 1965 tables.

9,928 attendances at the Clinic were made by 4,784 children for the following treatment:—

Fillings	...	...	...	6,680 fillings were inserted in 6,022 teeth.
Extractions	...	...	...	4,959 temporary teeth and 1,405 permanent teeth.
General anaesthetics	...	...	...	2,827 general anaesthetics were administered.
Other operations	...	...	...	72 dentures were provided.

Dental Health.

The dental auxiliary gave talks to groups of school children in their classes and dental health material was distributed to the schools. The health visitors have been instructed in methods of dental health education and gave talks and showed film strips in the Child Welfare and Ante-natal Clinics.

More than eight thousand children were given a free apple and a talk on how to look after their teeth by "Pierre the Clown". The apples were given by the growers of the United Kingdom, Canada, Australia, New Zealand and South Africa, who, through the Fruit Producers' Council, co-operated with the General Dental Council and the British Dental Association, in this dental health campaign. The campaign was well received and appreciated by both teachers and pupils. It is difficult to estimate the result of such a campaign, but I am sure if we had the staff to follow it up regularly, the results would show that the dental health of the school child would be much improved.

Priority Classes.

Since the 1948 National Health Service Act was amended in 1961, making it possible for expectant and nursing mothers to obtain all necessary dental treatment, including dentures, free from the National Health Service, we have found that the number of patients coming for inspection continues to fall. The proportion of time allocated to the priority classes, which consists of expectant mothers, nursing mothers and pre-school children, was slightly less than for the previous year.

INSPECTION AND TREATMENT

Dental Inspection and Treatment carried out by the Authority during the year ended 31st December, 1966.

Number of Pupils on the Register of Maintained Primary and Secondary Schools, including Nursery and Special Schools, in January, 1967 20,234

ATTENDANCES AND TREATMENT.

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	2,157	2,196	431	4,784
Subsequent visits	1,619	2,823	702	5,144
Total visits	3,776	5,019	1,133	9,928
Additional courses of treatment commenced	154	219	69	442
Fillings in permanent teeth	1,290	4,280	1,110	6,680
Fillings in deciduous teeth	886	68	—	954
Permanent teeth filled	1,112	3,855	1,055	6,022
Deciduous teeth filled	888	54	—	942
Permanent teeth extracted	196	977	232	1,405
Deciduous teeth extracted	3,828	1,131	—	4,959
General anaesthetics	1,691	1,017	119	2,827
Emergencies	595	328	71	994

Number of Pupils X-rayed	42
Prophylaxis	230
Teeth otherwise conserved	5
Number of teeth root filled	1
Inlays	—
Crowns	—
Courses of treatment completed	3,797

ORTHODONTICS

Cases remaining from previous year	41
New cases commenced during year	54
Cases completed during year	30
Cases discontinued during year	8
Number of removable appliances fitted	73
Number of fixed appliances fitted	—
Pupils referred to Hospital Consultant	12

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	1	—	1
Pupils supplied with other dentures (first time)	2	28	5	35
Number of dentures supplied	2	54	16	72

ANAESTHETICS. General Anaesthetics administered by Dental Officers 20

INSPECTIONS

(a) First inspection at school. Number of Pupils	13,512
(b) First inspection at clinic. Number of Pupils	2,161
Number of (a) + (b) found to require treatment	9,269
Number of (a) + (b) offered treatment	8,022
(c) Pupils re-inspected at school clinic	2,066
Number of (c) found to require treatment	1,012

SESSIONS

Sessions devoted to treatment	1,369
Sessions devoted to inspection	96
Sessions devoted to Dental Health Education	34

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

ATTENDANCES AND TREATMENT	<i>Children</i> 0-4 (inclusive).	<i>Expectant and</i> <i>Nursing Mothers.</i>
Number of Visits for treatment during year:—		
First visit	179	191
Subsequent visits	53	367
Total visits	232	558
Number of additional courses of treatment other than the first course commenced during year	8	18
Treatment provided during the year:—		
Number of fillings	64	125
Teeth filled	63	118
Teeth extracted... ..	422	707
General anaesthetics given	164	104
Emergency visits by patients	112	105
Patients X-rayed	—	16
Patients treated by sealing and/or removal of stains from the teeth (Prophylaxis)	1	31
Teeth otherwise conserved	1	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	—
Number of courses of treatment completed during the year.	77	98
PROSTHETICS		
Patients supplied with F.U. or F.L. (first time)	27	
Patients supplied with other dentures	21	
Number of dentures supplied	101	
ANAESTHETICS		
General anaesthetics administered by Den- tal Officers	—	
INSPECTIONS		
Number of patients given first inspections during year	197	217
Number of patients who required treat- ment	163	213
Number of patients above who were offered treatment	162	205
SESSIONS		
Number of Dental Officer sessions (<i>i.e.</i> equivalent complete half days) devoted to Maternity and Child Welfare patients:—		
For Treatment	74	
For Health Education	—	

IV.—SCHOOLS AND SCHOOL CHILDREN

Report by DR. J. E. MASTERSON,

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

GENERAL REVIEW

For the first time for a very long period there were no professional staff changes at all during the year. This state of affairs is obviously very pleasing, as nothing disrupts personal services as much as frequent staff changes.

The general health of the vast majority of school children continues to be satisfactory, as it should be in a prosperous town with little unemployment.

There are unfortunately a relatively small number of problem families who cause considerable concern, and I suppose there always will be. Much effort is given to helping the children of these families by way of free school meals, help with clothing, recuperative holidays, etc., and it is hoped that some, at least, of these children will become more useful citizens than their parents.

Towards the end of the year a venture sponsored by the Spastics Society came to fruition after many years of effort. This is the Centre for Physically Handicapped Children in the grounds of the Derbyshire Royal Infirmary. This is a fine purpose-built building, provided and equipped by the Spastics Society and staffed by the Derby No. 1 Hospital Management Committee and the Local Authority. This Centre is for the assessment and treatment of physically handicapped young children. The children attend daily and come from the Borough and the neighbouring County areas, and at the end of the year, nine Borough children had been admitted there—ages ranging from two to ten years. The majority of these children suffer from different forms of cerebral palsy, but others suffer from such disorders as spina bifida and muscular dystrophy. It is the aim that after assessment and treatment these children will be transferred to ordinary or special schools, but this can be enlarged on in later reports when the Centre has been in operation for a longer period.

Apart from this nothing dramatic, calling for special comment, happened in 1966.

Details of routine work undertaken during the year is given in the reports which follow.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Periodic Medical Inspection.

Number of Children inspected:—The total number of children inspected was 6,400. Of these, 3,405 were boys and 2,995 were girls. In addition, 123 children were brought forward for special examinations by head teachers.

The number of entrants to the Junior Departments tested for vision and hearing was 1,730. Of this number, 99 children were found to have defective vision, and 23 had some degree of defective hearing.

FINDINGS AT PERIODIC INSPECTION.

Physical Condition.

The physical condition of the 6,400 pupils inspected in 1966 was classified as follows:—

Satisfactory	...	6,396
Unsatisfactory	...	4

Heights and Weights.

Age.	Year.	BOYS.			GIRLS.		
		Number examined.	Average Height (inches).	Average Weight (lbs.).	Number examined.	Average Height (inches).	Average Weight (lbs.).
5 years ..	1912	440	40.27	39.42	462	40.16	35.56
	1919	499	40.7	39.4	496	40.3	39.1
	1935	842	41.8	41.6	779	41.7	40.6
	1946	466	42.3	43.0	439	41.8	41.3
	1956	812	43.2	43.0	700	43.0	42.1
Born 1957	1962	514	42.9	42.9	468	42.2	41.3
Born 1958	1963	481	42.9	42.7	418	42.7	41.8
Born 1959	1964	477	42.9	42.6	429	42.7	42.5
Born 1960	1965	416	43.1	43.0	393	43.2	42.2
Born 1961	1966	427	43.1	42.7	399	42.6	42.0
10 years ..	1947	854	53.5	68.8	768	53.5	67.1
	1956	788	54.2	71.8	755	53.9	71.9
	1962	400	53.9	70.9	419	53.8	71.5
	1963	409	53.9	70.8	367	53.9	70.5
	1964	467	54.1	72.9	465	54.0	71.9
	1965	410	54.5	72.2	404	53.7	70.2
	1966	416	51.8	72.1	448	54.4	73.9
14 years ..	1947	425	62.8	104.4	364	62.0	106.3
	1956	751	63.3	108.1	590	62.1	109.6
	1962	510	62.6	109.1	389	61.7	109.1
	1963	405	63.1	109.0	404	61.8	112.3
	1964	290	62.2	106.7	222	61.0	107.9
	1965	313	63.0	109.7	244	61.3	113.7
	1966	263	62.9	108.4	285	63.9	110.2

Visual Defects and External Eye Disease.

The percentage of children found to have defective vision was 16.9%.

In the three age groups, the percentages of children who were unable to read 6/6, 6/6, were :—

<i>boys born 1961</i>	<i>girls born 1961</i>	<i>boys born 1956</i>	<i>girls born 1956</i>	<i>boys born 1952</i>	<i>girls born 1952</i>
4.4	4.7	17.3	20.2	26.6	22.8

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were :—

<i>boys born 1961</i>	<i>girls born 1961</i>	<i>boys born 1956</i>	<i>girls born 1956</i>	<i>boys born 1952</i>	<i>girls born 1952</i>
1.6	2.2	4.3	4.4	8.4	6.6

The number of pupils, noted as requiring treatment was 585 (9.1%).

The number of partially sighted children as judged by the accepted criteria is 5.

Squint.

The number of children born in 1961 found to have a squint, even of the smallest degree, was 21.

Colour Vision Testing, 1966.

<i>Date of Birth</i>	Boys.					GIRLS.				
	<i>No. tested</i>	<i>No. with correct C.V.</i>	<i>No. with defective C.V.</i>	<i>No. to be re-tested</i>	<i>% with defective C.V.</i>	<i>No. tested</i>	<i>No. with correct C.V.</i>	<i>No. with defective C.V.</i>	<i>No. to be re-tested</i>	<i>% with defective C.V.</i>
1960 and 1961 ..	755	744	—	11	—	719	717	—	2	—
1951 and 1952 ..	748	708	40	—	5.3%	569	569	—	—	—
TOTALS ..	1503	1452	40	11	2.7%	1388	1286	—	2	—

Parents of all children with defective colour vision are notified so that further investigation may be made if colour vision is likely to play an important part in the child's future career.

External Eye Disease.

The following defects were found in the course of periodic medical inspection :—

Blepharitis	13	Conjunctivitis	...	2
Other defects	..	...	14	

Uncleanliness.

See report on page 67.

Minor Ailments and Diseases of the Skin.

The following skin diseases were recorded at the medical inspections :—

Eczema	...	...	59	Seborrhoea	...	...	1
Warts	...	...	13	Psoriasis	...	...	8
Naevus	...	...	11	Alopecia	...	...	3
Verrucae	...	...	29	Urticaria	...	...	5
Acne	...	...	36	Dermatitis	...	...	16
Other Diseases	...	...	153	Athlete's Foot	...	...	4

Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 1.2 per cent. of the number examined. The percentage placed under observation was 5.4.

Ear Disease and Defective Hearing.

103 children were noted as suffering from Otorrhoea at periodic medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 177 cases.

Orthopaedic and Postural Defects.

The following deformities were noted at the periodic medical inspections :—

Foot Deformities	...	103	Postural Defects	...	34
Other Defects	...	...	...	...	252

Heart Disease and Rheumatism.

.7 per cent. of all children examined were listed as having heart defects. Few of these were organic and the vast majority required only observation. During the year the compilation of a school cardiac register was continued, and all new entrants are being included. The progress of these children will be closely watched and it is hoped that over a period of years much useful information will be obtained.

The number of children found to be suffering from rheumatism was 2.

Vaccination.

2,178 (34.3 per cent.) of the 6,400 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows :—

1938	...	...	...	10.8
1945	...	...	...	8.0
1955	...	...	...	12.8
1962	...	...	...	30.9
1963	...	...	...	32.7
1964	...	...	...	34.3
1965	...	...	...	30.5
1966	...	...	...	34.3

Tonsillectomy.

Number and percentage of children found at Periodic Inspection in 1966 to have had tonsillectomy.

BOYS.				Number examined.	Number found to have had Tonsillectomy.	Percentage.
Born 1961	..	..	..	430	10	2.3
Born 1956	..	..	..	416	49	11.8
Born 1952	..	..	..	263	36	13.7
Others	..	..	..	2,296	203	8.7
Totals ..	..	..	..	3,405	298	8.7
GIRLS.						
Born 1961	..	..	..	403	9	2.2
Born 1956	..	..	..	450	54	12.0
Born 1952	..	..	..	285	54	18.9
Others	..	..	..	1,857	174	9.4
Totals ..	..	..	..	2,995	291	9.7
GRAND TOTALS ..	..	..	..	6,400	589	9.2

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

ARRANGEMENTS FOR TREATMENT.

School Clinics.

	<i>Monday.</i>		<i>Tuesday.</i>		<i>Wednesday.</i>		<i>Thursday.</i>		<i>Friday.</i>	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Central Clinic, Temple House ...	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. R.G. S.	M.A. C.G. S.	C.G. R.G. S.	S. M.A. C.G.	S. C.G.	C.G. R.G. S.	C.G. S.
<i>Branch Clinics.</i>										
Nightingale Road.. ..				M.A.						M.A.
Boulton	M.A.						M.A.			
Normanton.. ..			M.A.						M.A.	
Rykneld			M.A.						M.A.	
Roe Farm	M.A.						M.A.			
Green Street			M.A.						M.A.	
Mackworth		M.A.						M.A.		

M.A. Minor Ailments Clinic.

S. .. Speech Clinic.

C.G. Child Guidance Clinic.

R.G. .. Remedial Gymnast's Class.

The Dental Clinic, Mill Hill Road, is held every day of the week.

In addition, the following Regional Hospital Board clinics are held in the Central Clinic premises :—

Ophthalmic Clinic	...	...	Three sessions per week.
Orthopædic Clinic	.	...	One session per week.
Aural Clinic	...	..	One session per week.

Consultation Clinic, Mill Hill Lane.

125 attendances were made at this clinic during the year.

Minor Ailments Clinics.

The total number of children attending these clinics was 3,005, and the number of attendances was 9,911. 1,201 examinations were made by Medical Officers.

The following is a record of the number of cases and attendances at the minor ailments clinics since 1931 :—

<i>Year.</i>	<i>No. of children attending.</i>			<i>Attendances.</i>
1931	11,470	55,460
1938	19,224	63,820
1945	16,810	59,750
1948	10,593	47,959
1958	2,886	20,129
1962	3,388	15,539
1963	3,490	16,645
1964	3,269	13,591
1965	2,928	11,618
1966	3,005	9,911

Aural Clinic, Mill Hill Lane.

The number of children who received operative treatment for tonsils and adenoids during 1966 was 129.

Total number of cases attended	...	...	121
Total number of attendances	...	...	165
Number of X-ray examinations (at Hospital)	...	9	

Included in these figures are 3 cases referred from Child Welfare Centres.

Orthopaedic Clinic, Mill Hill Lane.

Total number of cases attended	...	...	348
Total number of attendances	...	...	383

Included in these figures are 67 cases referred from Child Welfare Centres.

Number of X-ray examinations (at Hospital)	...	9	
Attendances at Splint Maker	165

Remedial Gymnast :

Total number of attendances (at Central Clinic)...	488
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AT ASHE HALL SPECIAL SCHOOL :—

Number of children treated	47
Number of treatments given	5,178
Number of visits to School	.	...	195

Ophthalmic Clinic, Mill Hill Lane.

Total number of cases attended	...	...	...	1,247
Total number of attendances	...	...	...	1,436

Orthoptic Clinic.

I am indebted to the Orthoptist in charge of the Department, for the following report :—

Number of cases dealt with during 1966	27
--	-----	-----	----

CLASSIFICATION.

Under observation, on preliminary treatment, or actual treatment	...	...	...	...	14
Discharged	...	...	...	...	13
Total number of attendances	...	...	...	...	116

SPEECH THERAPY CLINIC

Report by Miss A. M. FLEMING, *Senior Speech Therapist.*

1966 has seen no staff changes at this Clinic, and good progress in most aspects of our work. More children have been seen in than 1965, and attendance has improved 20 per cent., as more clinics were held. An increase in the number of treatments has meant a further decrease in the number of school visits, but there is a marked increase in the number discharged from treatment as having normal speech, which would seem to justify the extra treatment sessions.

Co-operation from school, home and child is vital to a successful treatment, and on the whole such co-operation is received. However, it is interesting to note that enthusiasm tends to wane as soon as the child begins to show some progress, and initial anxiety is relieved.

There is now little delay between a child's referral, the first appointment for assessment, and the commencement of treatment, if indicated. Rather more stammerers have been referred this year than recently—between 1957 and 1963 our annual figures showed a steady decrease in the number of children seen with stammers, but this number has slowly increased since 1963. At the National Conference of the College of Speech Therapists, held in Glasgow in July, a number of new approaches to the treatment of stammering were outlined, again demonstrating the need to adjust one's treatment to suit the individual case, no one treatment being a panacea.

No. of cases seen during 1966	...	...	...	...	210
(Of these cases, 2 were treated at Derbyshire Royal Infirmary, and 7 are on the waiting list, but have been interviewed).					

Classification of cases seen during 1966 :

Stammer	38	} 210
Dyslalia	...	...	...	...	37
Cleft Palate	...	...	...	...	13
Dysphonia	...	...	...	...	1
Dysphasia	...	...	...	...	3
Dysarthria	...	...	...	...	1
Retarded Speech Development	...	...	...	...	112
Others	...	...	...	...	5

No. of cases carried over from 1965	...	...	...	127
No. of new cases admitted during 1966	...	...	...	74
No. of cases carried over into 1967	...	...	...	128

No. discharged during 1966: (This includes 9 cases discharged before treatment commenced):

Speech normal	36	} 82
Much improved	...	...	...	...	13
At parents' request	...	...	...	...	4
Failed to attend	...	...	...	...	20
Left district	...	...	...	...	5
Left school	...	...	...	...	2
Deceased	...	...	...	...	1
At consultant's request	...	...	...	...	1

No. referred during 1966	...	...	...	...	83
No. on waiting list at 31st December, 1966	...	...	...	...	11
No. of School visits	...	...	...	...	9
No. of Home visits	...	...	...	...	2
No. of Clinics held	...	...	...	...	495
Actual number of attendances	..	..	..	..	1,923
Possible number of attendances	..	..	..	..	2,484

Cases Treated at Derbyshire Royal Infirmary during 1966.

No. of cases seen during 1966	...	...	...	2
No. of cases carried over to 1967	...	...	...	2

CHILD GUIDANCE CLINIC

Report by DR. T. A. RATCLIFFE, *Psychiatrist*.

As the Regional Hospital Board have now appointed an additional new Consultant Child Psychiatrist who will be taking over from me at the Derby Child Guidance Clinic later in 1967, this will be the last Annual Report which I will be providing for this Clinic. I felt, therefore, that this might be a useful opportunity to review briefly the work of this Child Guidance Service as I have seen it (and, indeed, helped it to) develop since I first acted as its Consultant Child Psychiatrist in 1948.

My original appointment here was intended to be on a "temporary" basis. Because of this, and the fact that I was coming over to Derby once a week from my main base in Nottingham, and then only for two sessions a week, there were obvious limitations on the development of a full service. In such circumstances it was impossible to build up those close personal contacts (which are an essential part of a full Child Guidance Service) with all the many other agencies and people concerned with the welfare of children in this area. Thanks to the high quality of the three Educational Psychologists and the two Psychiatric Social Workers who in turn have worked with me at this Clinic, we have achieved a great deal in this direction. Even so, we had to contend for a long time with a good deal of understandable suspicion and uncertainty about what we were trying to do. The fact that we (and our work) are now largely accepted, and often even approved of and sought for, is the best proof that we have not only provided, but have been seen to provide, a realistic, worthwhile and valuable specialist service for the child (and his family) with problems.

With only two consultant child psychiatric sessions per week available, there were obvious and considerable limitations to the type of service which I could provide here; and I gave considerable thought to the priorities involved.

It was clearly impossible to provide (save in very exceptional cases) long-term frequent and intensive psychotherapy for children with deep-seated psychological disturbances; but fortunately such cases form very much the minority of our referrals. However, we have been able to supply a very full diagnostic service; and an adequate degree of more superficial therapy and supportive help for children and parents. In addition, of course, we have been able to provide a very adequate remedial teaching service and some consultative help to social work agencies in the area.

Although the total number of cases referred to us has not greatly varied over the years, to some degree the type of case referred to us has become rather more "suitable", as the understanding of the Clinic's proper role has grown.

The Local Authority, therefore, can feel that their Child Guidance Clinic has provided, and I feel sure will continue to provide, a worthwhile service. I am grateful to my colleagues at the Clinic, and to Dr. Masterson and Mr. Middleton for their help and support throughout the past years, and without which the Clinic could not have provided this service.

Finally, may I say how sorry I shall be to give up my own long connection with the Derby Child Guidance Service.

Statistical Tables.

NOTE 1.—The figures in these Tables refer only to the actual work done in the Child Guidance Clinic during 1966. Since there is always a considerable carry-over of case material under treatment and survey from one year to the next, it is inevitable that the totals given in the various Tables cannot tally with each other.

NOTE 2.—The corresponding figures for 1964 and 1965 are given in brackets.

TABLE I. <i>Interviews carried out by Psychiatrist.</i>	1966	1965	1964
New cases	89	(85)	(97)
Parents	115	(103)	(128)
Treatment interviews	58	(41)	(51)
Survey interviews	51	(59)	(76)
Others (Children's Officer, foster-parents, Probation Officer, etc.)	24	(42)	(24)
Home visits	9	(4)	(10)

TABLE II. <i>Interviews by Educational Psychologist.</i>	1966	1965	1964
Clinic interviews for intelligence and other tests... ..	183	(238)	(51)
Test interviews in schools	149	(60)	(68)
School visits	128	(111)	(46)
Home visits	3	(6)	(19)
Play or tutor sessions	8	(28)	(43)
Parents	9	(13)	(54)
Others (Children's Department, Probation Officer, School Welfare, Health Visitors, Medical Practitioners, N.S.P.C.C., etc.)	2	(110)	(41)

TABLE III. <i>Interviews by Psychiatric Social Worker.</i>	1966	1965	1964
Interviews in Clinic	314	(302)	(255)
Home visits	—	(8)	(29)
School visits	—	—	(1)
Others	11	(15)	(25)

TABLE IV. <i>Sessions worked by Remedial Teacher.</i>	1966	1965	1964
MISS HARDY			
Group sessions in schools	298	(296)	(304)
Individual teaching sessions in the Clinic	311	(336)	(337)
MRS. SMITH			
Group sessions in schools	384	—	—

TABLE V. <i>Recommendations Made.</i>	1966	1965	1964
New cases referred to the Child Guidance Clinic during 1966	150	(114)	(120)
New cases remaining 31st December where full diagnostic interviews are still incomplete ...	9	(3)	(7)
Recommended for—			
Intensive treatment	18	(12)	(17)
Survey	64	(62)	(61)
Relationship therapy or play group	2	(2)	(11)
Remedial teaching	4	(4)	(5)
Diagnosis and initial advice only	18	(3)	(10)
Diagnosis and report only	24	(19)	(25)
Other disposals	11	(9)	(8)
Cases closed, including those referred for initial advice and report only... ..	102	(109)	(141)

TABLE VI. <i>Sources of Referral.</i>	1966	1965	1964
School Medical Service	25	(27)	(40)
Schools	43	(35)	(26)
Parents	11	(7)	(7)
Juvenile Court and Probation Officer	8	(5)	(2)
Speech Therapist	6	(—)	(2)
Children's Officer	11	(11)	(4)
St. Christopher's	—	(—)	(2)
General Practitioners... ..	17	(9)	(21)
Hospital	9	(7)	(6)
School Welfare	3	(5)	(4)
Health Visitors	9	(7)	(6)
N.S.P.C.C.	2	(1)	(—)
County C.G.C.	6	(—)	(—)

TABLE VII. <i>Distribution of Schools.</i>	1966	1965	1964
Pre-school	18	(10)	(10)
Nursery	7	(1)	(2)
Infants'	28	(18)	(21)
Junior	43	(38)	(46)
Secondary Modern	18	(35)	(22)
Grammar and Secondary Technical	7	(1)	(11)
Not at school	6	(2)	(2)
Special Schools : Educationally Subnormal	7	(5)	(3)
Physically Handicapped and Delicate Children	1	(1)	(3)
Private	1	(1)	(—)

TABLE VIII. *Reasons for Referral.*

(Note.—The large variety of individual reasons are here grouped for convenience into four arbitrary and overlapping categories).

	1966	1965	1964
Educational problems	15	(16)	(21)
Behaviour problems	69	(49)	(57)
Emotional (Nervous) problems	36	(22)	(32)
Other reasons	13	(7)	(10)

TABLE IX. *State of Cases on Closure.*

(a)	Completed :—				1966	1965	1964
	Much improved	...	...	...	12	(13)	(27)
	Improved	...	...	...	27	(33)	(28)
	No change	...	...	...	2	(3)	(11)
(b)	Diagnosis and initial advice only	...			13	(14)	(28)
(c)	Diagnosis and report only	...	...		23	(19)	(35)
(d)	Cases closed for other reasons	...			21	(27)	(12)

(These include children who have left school or the area before treatment was completed, or cases closed because of lack of co-operation).

PROVISION OF MEALS.

The number of children on the Free Meal List is 1,047.

CO-OPERATION OF PARENTS.

The number of parents who attended with their children for periodic medical inspection, together with the figures available for previous years, was as follows :—

				<i>Number.</i>	<i>Total Percentage.</i>	<i>Percentage in Infant Group.</i>
1914	..	...	..	1,096	14.2	—
1924	...	...	...	1,464	24.8	—
1934	...	...	...	4,077	48.6	83.0
1945	...	...	...	2,122	55.0	80.1
1954	...	...	...	4,697	57.6	88.2
1962	...	...	...	3,738	50.1	85.5
1963	...	...	...	3,283	47.9	84.5
1964	...	...	...	3,427	51.1	80.9
1965	...	...	...	2,829	47.3	83.8
1966	...	...	...	3,087	48.2	83.2

Borough Children attending Special Schools.

BLIND.

Lickey Grange School, Birmingham R. I. for the Blind, Wor-
cestershire

No. of
Pupils.

PARTIALLY SIGHTED.

Exhall Grange School, Warwickshire	...	...	...	4
West of England School, Exeter, Devon	1

DEAF AND PARTIAL HEARING.

Royal School for the Deaf, Derby	27
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PHYSICALLY HANDICAPPED.

Thieves Wood Residential School for Severely Physically					
Handicapped, Nr. Mansfield, Nottinghamshire	...	...	...	...	2
Irton Hall School, Holmrook, Cumberland	...	...	...	...	1
Talbot House School, Glossop, Derbyshire	...	...	...	...	1
Hinwick Hall School, Wellingborough, Bedfordshire	...	...	...	...	1
Florence Treloar School, Holybourne, Alton, Hampshire	...	...	...	...	1

DELICATE.

Ashe Hall School, Etwall, Nr. Derby	38
-------------------------------------	-----	-----	-----	-----	----

E.S.N.

Temple House School, Derby	...	...	...	...	...	88
St. Giles' School, Derby	...	...	...	...	...	91
High Close School, Wokingham, Berkshire	...	...	...	...	...	1
Brookside School, Breadsall, Derbyshire	...	...	...	...	...	3
John Duncan School, Buxton, Derbyshire	...	...	...	...	...	1

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the calendar year ended 31st December, 1966 :—											
	Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL (Cols. (1) to (10)) (11)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A.	1	1	2	—	—	6	2	16	—	—	28
	—	—	3	—	—	6	—	16	—	—	25
B.	—	—	1	—	—	2	2	12	—	—	17
	—	—	1	—	—	4	—	15	—	—	20
	—	4	1	—	—	1	—	9	—	—	15
	—	—	—	—	—	2	—	3	—	—	5
	—	4	2	—	—	3	2	21	—	—	32
	—	—	1	—	—	6	—	18	—	—	25

On 19th January, 1967, how many children from the Authority's area:—

	(a) day	..	Boys								
(1) were requiring places in special schools other than hospital special schools.			Girls								
	(b) boarding	..	Boys	1	2	1	—	—	—	—	5
			Girls	2	2	1	—	—	—	1	6
C.	(a) day places	..	Boys	—	—	—	—	—	—	—	—
			Girls	—	—	—	—	—	—	—	—
(ii) included at C(i) who had not reached the age of 5 years were awaiting	(b) boarding places	..	Boys	1	—	—	—	—	—	—	1
			Girls	2	—	—	—	—	—	—	2

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the Calendar Year ended 31st December, 1966:—

	Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL (Cols. (1) to (11)).
(iii) included at C(i) who had reached the age of 5 years but whose parents had refused consent to their admission to a special school, were awaiting	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Boys	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—
	Boys	—	—	—	1	1	—	—	—	—	2
(iv) included at C(i) had been awaiting admission to special schools for more than one year	Girls	—	—	—	1	1	—	—	—	—	2
	Boys	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—
	Boys	—	—	—	1	—	—	—	—	—	1
	Girls	—	—	—	1	—	—	—	—	1	2

On 19th January, 1967, how many children from the authority's area:—

(1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they were maintained	Boys	—	—	—	—	—	—	91	—	—	91
	Girls	—	—	—	—	—	—	88	—	—	88
	Boys	—	4	—	—	20	1	3	—	—	28
	Girls	—	—	—	3	18	—	1	—	—	22
(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	Boys	—	7	—	—	—	—	—	—	—	7
	Girls	—	7	—	—	—	—	—	—	—	7
	Boys	2	1	7	—	—	—	—	—	—	11
	Girls	—	—	6	—	—	—	1	—	—	8
(3) Independent schools under arrangements	Boys	—	—	—	—	—	—	—	—	—	—

D. (i) were on the registers of:—

EDUCATIONALLY SUBNORMAL

New decisions recorded under Section 57 of the Education Act, 1944	...	...	...	...	...	...	...	14
Interviews carried out under the provisions of Section 57A of the Education Act, 1944	...	...	...	...	...	...	...	—
Decisions cancelled under Section 57A (2) of the Education Act, 1944	...	...	...	...	...	...	...	—

E.S.N. Day Special Schools.

60 children were seen and assessed during 1966, and 32 were ascertained as E.S.N. and admitted to one or other of the E.S.N. Schools.

The majority of these children were from junior schools and, although the I.Q. was not the only factor taken into consideration, nearly all were, in fact, in the I.Q. range 50—75.

The following is a report by Mr. W. J. Lake, Headmaster of Temple House School:—

During the year, twenty-one children were admitted and twenty-three were discharged. Of the latter, four girls were transferred to St. Giles' School, one boy, found to be ineducable, was transferred to the Junior Training Centre, one boy was able to return to a normal school, and sixteen boys left to employment.

It has become increasingly difficult to place our leavers in employment—and the immediate outlook is very discouraging. The less-able are, of course, the first to feel the effects of economic recession. One of our main aims here is to give our boys self-confidence and a measure of self-respect. This is at best very fragile and is quickly shattered when employment is not forthcoming. This apparent rejection by society all too often leads to anti-social behaviour or to general deterioration.

We have been short staffed now for over a year—those teachers anxious to take up this specialised work being retained in their own schools within the Borough. Consequently our intake has been restricted and we are now operating with five classes instead of the usual six.

The long anticipated move to other, safer premises has again not materialised this year. Our present building which has been deteriorating rapidly over the past few years is now in a dangerous state, in spite of continued "propping-up" operations and constant surveillance. It is to be hoped that work will soon be commenced on the conversion of the old Southgate Girls' School and that we will be able to move there within the next twelve months.

Activities during the year included inter-school cross-country races, expeditions to the Peak District, factory visits and the usual Christmas plays and concerts.

The following is a report by Miss K. S. Jays, Headmistress of St. Giles' School:

At the beginning of the year there were seventy-six names on roll and by the end of December this number had risen to eighty-six.

From the beginning of January and during the year, twenty-three girls and four boys have been admitted, including two from the County. Ten left school. One was transferred to a normal school and one sixteen year old was sent to Aston Hall. All other leavers obtained employment.

Dental Inspections were held in March and Medical Inspections in November.

Early in the year there were several absences due to gastric and respiratory infections, but on the whole loss of attendance due to illness has been slight. One seven year old girl has a severe epileptic seizure in May and had to be taken to hospital

Senior pupils visited various factories, etc., and school visits were also made to Broomfield Hall, the Gas Showrooms and the cinema. Swimming continues to be enjoyed and pupils gained Bronze, Silver and Gold medals for Personal Survival Tests. One pupil won a cup in an Inter-School Gala. The main school outing was to Dudley Zoo, and the usual Sports Day, Christmas Concert and Party took place.

ASHE HALL SCHOOL FOR DELICATE PUPILS

Report by MR. D. W. HART, *Headmaster*.

In April, 1966, the day children were withdrawn from Ashe Hall School and the School became fully residential, having accommodation for fifty-seven children, subsequently this number has been increased to sixty-five.

An analysis of the children's disabilities shows:—

Diabetes, 2; Heart and Circulatory Defects, 3; Epileptic, 1; Haemophilia, 1; General Debility, 15; Asthmatic, 27; Bronchitis, 11; Bronchiectasis, 3.

Despite their varying disabilities, the children are encouraged to enter fully into the corporate life of the School. Besides normal school work, regular visits are paid to the Swimming Baths, where the children have gained a number of proficiency and speed certificates, the senior children have made expeditions to Kinder and Dovedale to study the area.

Home and away matches between the School's football, netball, rounders and cricket teams, and teams from Grammar, Preparatory, Comprehensive, Secondary Modern and Primary Schools are becoming a regular feature.

A number of children were successfully examined for their Cycling Proficiency Certificate in July, 1966.

The typing and commercial group also gained a number of certificates in the Pitman's Examinations.

During their leisure hours the children are helped to follow their own interests and hobbies as is shown by the attendance at the various clubs held each night. Such clubs consist of Scouts, Brownies, Cubs, Country-Dancing, Puppetry and Drama, Skating, Tape-recording, Pop Record Club, Young Farmers, Cycling and Percussion and Recorders Group.

During the latter end of the Summer Term the School held its annual Garden Party. The children made articles in needlework, art and craft and woodwork, which were sold on the stalls. They also organised and presented displays of country and sword dancing. They also made and wore costumes for a fancy dress parade.

Just before Christams, a pantomime and Musieal Evening was presented to friends and parents of the School, and also to the ehildren of the local village school, who reciprocated by entertaining the Ashe Hall ehildren at their Nativity Play and Carol Service.

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There are no centres for Higher Education or Voecational Training in Derby. Suitable cases requiring such training are sent to recognised institutions elsewhere.

TEACHING IN HOSPITALS.

The following report has been reeeived from Miss M. Turner, who is in the service of the Local Education Authority and who undertakes the teaching of children of school age in the loeal hospitals :—

During the year 1966, sixty children from Derby Borough have reeeived tuition in Derby hospitals. Of these, fifty-two have been patients in the Children's Hospital and three in the Derwent Hospital. The remaining five are attending the recently opened Centre for Physieally Handicapped Children at the Derbyshire Royal Infirmary.

In the Children's Hospital, as far as circumstanees permit, the normal school curriculum is being followed. On acoeunt of various treatments and tests, work must be mainly individual, although, wherever possible, group work is arranged, and television lessons used.

At the Physically Handicapped Centre at the Derbyshire Royal Infirmary, children are assessed and receive treatment such as physiotherapy, and it is intended that after a period there they will be able to attend normal sehools or special schools.

	<i>Children's Hospital.</i>	<i>Derwent Hospital.</i>
Number of Children	52	3
Average period of tuition	1- 7 weeks	3 weeks
Average age	9 yrs. 9 mths.	9 years
Age range	9-14 years	5-14 years
Period range	1-10 weeks	2-5 weeks

NURSERY SCHOOLS.

The two Nursery Schools (Central and Allenton) continue to function successfully on the lines indicated in previous reports. The children are visited regularly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once per year and treatment inaugurated for any defects.

The number of children examined was:—

<i>School.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Central ...	42	39	81
Allenton ...	16	19	35
Totals . .	58	58	116

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 300 children were examined as to their fitness to undertake employment. All were certified fit.

THE WORK OF THE SCHOOL NURSES.

Five nurses are engaged entirely on the work of the School Health Service.

Home visits	78
School visits	88

Visits to Nursery Schools.

Number of visits paid	325
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Clinics.

Minor Ailments and Specialist Clinics	1,274
Audiometer tests	55

VERMINOUS HEADS.

Routine Inspections of all children for the ascertainment of uncleanness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in 8 such cases in 1966. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	...	...	213
Number of sessions devoted to School Inspections			342

CHILDREN'S COMMITTEE WORK.

Special examinations of children committed to the care of the Local Authority are carried out by the medical staff of the School Health Service, and routine visits to the various Children's Homes are made monthly, and to the Remand Home once a week.

The following examinations were carried out during the year :—

Initial and routine examinations of Boarded-out children	...	64
Children for adoption	... ..	11
Examinations carried out at Children's Homes	... ..	84
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Homes)	... ..	245
Other examinations	... ..	42

MISCELLANEOUS WORK.

Medical examinations were also made as follows :—

Teachers	... ..	27
Before proceeding to Skegness Seaside Home	... ..	435
Before taking part in School Journeys, Athletics, etc.	..	187
Before proceeding to School Camps	... ..	105
Intending Teachers	... ..	85
Outward Bound Courses	... ..	3

MASS RADIOGRAPHY OF SCHOOL CHILDREN.

Report by Dr. W. Guthrie, Director of Nottingham Area No. 2 Mass Radiography Unit, on the Mass Radiography Survey of school children in 1966 :—

"I give below the figures for the survey carried out by this Unit on the school leavers at Derby."

Number X-rayed			Number Available			Percentage X-rayed			X-rayed first time	
M.	F.	Total	M.	F.	Total	M.	F.	Total	No.	%
481	514	995	979	853	1,832	49%	60%	54%	923	92%

REFERRALS TO SPECIALIST CLINICS

Year of Birth	Number of Children Examined	SKIN				VISION				SQUINT			
		No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.
1962	287	3	—	—	3	—	—	—	—	3	—	1	2
1961	833	10	2	2	6	2	1	1	—	14	3	2	9
1960	1,087	8	2	1	5	18	8	3	7	22	3	5	14
1959	141	3	1	1	1	4	1	2	1	6	1	1	4
1958	59	—	—	—	—	5	1	1	3	2	1	—	1
1957	65	—	—	—	—	2	1	—	1	—	—	—	—
1956	866	11	5	4	2	69	20	23	26	9	1	1	7
1955	822	15	4	2	9	85	13	39	33	16	2	5	9
1954	282	10	6	1	3	37	4	9	24	2	—	2	—
1953	168	2	—	1	1	21	4	6	11	1	—	—	1
1952	548	10	6	—	7	59	8	20	31	3	—	1	2
1951	1,242	13	—	3	10	204	25	78	101	1	—	—	1
TOTALS	6,400	85	26	15	47	506	86	182	238	79	11	18	50

APPENDIX A

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1967 20,234

**PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS).**

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth).	No of Pupils who have received a full medical examination.	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination.	Pupils found to require treatment (excluding dental diseases and infestation with vermin).		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint).	For any other condition recorded at Part II.	Total individual pupils.
		No.	No.		(6)	(7)	(8)
1962 and later	287	287	—	—	—	14	14
1961	833	831	2	—	2	57	59
1960	1,087	1,087	—	—	15	63	74
1959	141	141	—	—	3	9	12
1958	59	59	—	—	6	8	14
1957	65	64	1	—	4	12	16
1956	866	865	1	—	73	49	115
1955	822	822	—	—	85	40	120
1954	282	282	—	—	34	13	46
1953	168	168	—	—	18	7	24
1952	548	548	—	—	59	32	88
1951 and earlier	1,242	1,242	—	—	207	37	236
TOTAL	6,400	6,396	4	—	506	341	818

Col. (3) total as a percentage of Col. (2) 99.94%

Col. (4) total as a percentage of Col. (2)06%

TABLE B.—OTHER INSPECTIONS.

Number of Special Inspections	877
Number of Re-inspections	5,189
TOTAL	6,066

TABLE C.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	49,545
(b) Total number of individual pupils found to be infested	555
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	213
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	213

**PART II.—DEFECTS FOUND BY PERIODIC AND SPECIAL
MEDICAL INSPECTIONS DURING THE YEAR.**

Defect Code No. (1)	Defect or Disease. (2)	(3)	PERIODIC INSPECTIONS.				Special Inspections. (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin	T O	10 49	10 19	65 185	85 253	1,497 333
5	Eyes—						
	a. Vision ..	T O	2 82	59 33	445 369	506 484	888 951
	b. Squint ..	T O	14 7	3 2	62 28	79 37	177 108
	c. Other ..	T O	1 2	— 1	13 12	14 15	188 55
6	Ears—						
	a. Hearing ..	T O	1 38	4 4	11 119	16 161	25 192
	b. Otitis Media	T O	1 26	2 2	10 62	13 90	68 98
	c. Other ..	T O	— 3	1 —	1 14	2 17	22 32
7	Nose and Throat ..	T O	19 93	3 12	54 240	76 345	117 672
8	Speech	T O	7 63	1 4	43 156	51 223	104 424
9	Lymphatic Glands ..	T O	— 67	— 4	1 156	1 227	13 382
10	Heart	T O	— 8	— 2	2 33	2 43	1 67
11	Lungs	T O	— 30	1 3	7 97	8 130	20 239
12	Developmental—						
	a. Hernia ..	T O	1 8	— 1	1 13	2 22	3 16
	b. Other ..	T O	— 6	— 3	2 33	2 42	3 71
13	Orthopaedic—						
	a. Posture ..	T O	1 1	1 5	6 20	8 26	4 24
	b. Feet ..	T O	2 16	5 3	19 57	26 76	54 148
	c. Other ..	T O	5 45	3 6	26 167	34 218	123 406

Defect Code No. (1)	Defect or Disease. (2)	(3)	PERIODIC INSPECTIONS.				Special Inspections. (8)
			Entrants. (4)	Leavers (5)	Others. (6)	Total. (7)	
14	Nervous System— <i>a.</i> Epilepsy ..	T	1	1	6	8	16
		O	1	—	10	11	11
	<i>b.</i> Other ..	T	—	2	3	5	5
		O	1	1	11	13	30
15	Psychological— <i>a.</i> Development	T	2	—	7	9	7
		O	14	18	147	179	103
	<i>b.</i> Stability ..	T	1	—	—	1	10
		O	4	6	22	32	54
16	Abdomen	T	—	—	1	1	6
		O	4	1	20	25	34
17	Other	T	1	4	23	28	1,517
		O	30	10	192	232	589

“T” Requires Treatment.

“O” Requires Observation

**PART III.—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING
NURSERY AND SPECIAL SCHOOLS).**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.**

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	196
Errors of refraction (including squint)	889
Total	1,085
Number of pupils for whom spectacles were prescribed ..	778

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT.**

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	129
(c) for other nose and throat conditions	—
Received other forms of treatment	114
Total	243
Total number of pupils still on the Register of schools at 31st December, 1966, known to have been provided with hearing aids:—	
(a) in 1966	5
(b) in previous years	30

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments ..	151
(b) Pupils treated at school for postural defects	1
Total	152

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part I).

	Number of cases known to have been treated.
Ringworm—(a) Scalp	—
(b) Body	13
Scabies	15
Impetigo	31
Other skin diseases	1,401
Total	1,460

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	241

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	149

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been treated.
(a) Pupils with minor ailments	1,459
(b) Pupils who received convalescent treatment under School Health Service arrangements.	249
(c) Pupils who received B.C.G. vaccination	1,239
(d) Other than (a), (b) and (c) above	—
Total (a)—(d)	2,947

V—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Vaccination against Smallpox during 1966.

Age at Date of Vaccination		Under 1 year.		1 year.		2—4 years.		5—14 years.		15 years or over.		Total.	
		Dept	G.P.s	Dept	G.P.s	Dept	G.P.s	Dept	G.P.s	Dept	G.P.s	Dept	G.P.s
PRIMARY VACCINATIONS.													
Number Vaccinated		52	77	726	147	143	85	30	61	40	14	991	384
CASES SPECIALLY REPORTED	(a) Generalised Vaccinia	—	—	1	—	—	—	—	—	—	—	1	—
	(b) Post-vaccinal Encephalo-Myelitis	—	—	—	—	—	—	—	—	—	—	—	—
	(c) Death from complications other than (a) and (b).	—	—	—	—	—	—	—	—	—	—	—	—
RE-VACCINATIONS.													
Number Vaccinated		—	—	—	—	1	2	15	40	29	10	45	52
CASES SPECIALLY REPORTED	(a) Generalised Vaccinia	—	—	—	—	—	—	—	—	—	—	—	—
	(b) Post-vaccinal Encephalo-Myelitis	—	—	—	—	—	—	—	—	—	—	—	—
	(c) Death from complications other than (a) and (b).	—	—	—	—	—	—	—	—	—	—	—	—

The number of children under five years vaccinated against smallpox during the year was 1,230 as compared with 1,084 in 1965.

Diphtheria, Whooping Cough and Tetanus Prophylaxis.

Triple, Combined or Single Antigens were again used throughout the year.

Immunisation by the Department.

Number of sessions held	...	...	...	...	236
Average attendance	...	...	...	...	36

Diphtheria.—1,286 children under four years of age and 321 children between four and sixteen years of age were completely immunised against diphtheria. In addition, a further 3,244 were given reinforcing injections.

Whooping Cough.—1,267 children under four years and 21 children between four and sixteen years of age were completely immunised against whooping cough. In addition, 907 received reinforcing injections.

Tetanus.—1,286 children under four years and 383 children between four and sixteen years of age were completely immunised against tetanus, and 3,242 children were given reinforcing injections.

Immunisation by Private Practitioners.

634 children under four and 45 children between four and sixteen were completely immunised against diphtheria, and 509 children received reinforcing injections.

634 children under four and 41 children between four and sixteen were completely immunised against whooping cough. 379 children received reinforcing injections.

637 children under four and 87 children between four and sixteen were completely immunised against tetanus. 516 children received reinforcing injections.

Diphtheria Immunisation Table.

	YEAR OF BIRTH					Others under age 16	TOTAL
	1966	1965	1964	1963	1959/62		
Number of children who completed a full course of primary immunisation in 1966.. .. .	651	1,050	149	70	264	102	2,286
Number of children who received a secondary (reinforcing) injection in 1966	1	375	636	206	1,255	1,280	3,753
Total number of immunisations given	652	1,425	785	276	1,519	1,382	6,039

B.C.G. Vaccination against Tuberculosis.

During 1966, visits were paid to all the Secondary and Grammar schools in Derby in connection with the B.C.G. vaccination programme. The figures are as follows:—

	<i>No. given Heaf Test.</i>	<i>Tuberculin Positive.</i>	<i>Tuberculin Negative.</i>	<i>Vaccinated with B.C.G.</i>
School Children	1,385	61	1,240	1,239
"Contact" Scheme	173	8	165	165
				(Plus 12 babies vaccinated in maternity hos- pitals).

Vaccination against Poliomyelitis.

(A) VACCINATIONS CARRIED OUT BY DEPARTMENT,				ORAL VACCINE.
Children born in years 1959—1966 completely vaccinated	..	..	..	1,802
Others Under 16 years completely vaccinated	..	..	..	150
Persons Over 16 years completely vaccinated	..	..	..	110
Reinforcing doses given to persons over 12 years	..	..	..	318
Reinforcing doses given to children aged between 5 and 12 years	..	..	..	1,139
				<hr/> 3,519 <hr/>
(B) VACCINATIONS CARRIED OUT BY PRIVATE PRACTITIONERS.				SALK VACCINE.
Children born in years 1959—1966 completely vaccinated	..	..	..	5 613
Others Under 16 years completely vaccinated	..	..	..	1 5
Persons Over 16 years completely vaccinated	..	..	..	— 13
Reinforcing doses given to persons over 12 years	..	..	..	3 18
Reinforcing doses given to children aged between 5 and 12 years	..	..	..	— 124
				<hr/> 9 773 <hr/>

During the year, 2,699 persons were completely vaccinated, compared with 2,113 in the previous year; 339 persons over 12 years received a reinforcing dose, compared with 15 in 1965. 1,263 children between the ages of five and twelve years received a reinforcing dose, compared with 1,811 in 1965.

Cases of Infectious Disease Notified during 1966

NOTIFIABLE DISEASE.	At all ages	At Ages—Years.											Total Cases removed to Isolation Hospital	
		Under 1	1- 2	2- 3	3- 4	4- 5	5- 9	10- 14	15- 24	25- 44	45- 64	65 +		Unknown
Scarlet Fever	35	..	..	2	4	5	15	8	1	..	..	..	..	..
Whooping Cough	58	6	8	4	9	6	20	2	..	1	..	..	2	4
Measles	612	31	98	97	82	95	186	7	8	4	..	..	4	3
Acute Poliomyelitis—														
Paralytic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Non-paralytic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including														
Membraneous Croup) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infection ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Encephalitis—														
Infective .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Post-infectious	1	..	..	..	..	..	..	1	..	..	..	..	..	1
Dysentery	68	1	10	8	8	10	14	4	1	7	2	..	3	1
Ophthalmia Neonatorum ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Pneumonia	19	..	..	1	..	..	..	1	2	5	6	3	1	1
Para-typhoid Fever	1	..	..	..	..	..	..	..	1	..	..	..	..	1
Typhoid Fever	4	..	..	..	..	1	1	1	..	1	..	..	..	4
Food Poisoning	4	..	1	..	..	..	..	2	..	..	1	..	..	..
Erysipelas	2	..	..	..	..	..	..	..	..	..	1	1	..	..
Malaria .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Respiratory Tuberculosis ..	56	..	3	..	1	..	2	1	12	16	12	9	..	67
Non-Respiratory														
Tuberculosis	16	..	..	..	..	..	..	1	4	6	3	2	..	1
TOTALS	876	38	120	112	104	117	238	28	29	40	25	15	10	83

COMMUNICABLE DISEASES.

Scarlet Fever.

35 cases were notified. This is a decrease on the figure in 1965, when 102 cases were notified.

Whooping Cough.

58 cases were notified. This shows an increase of 26 on last year's total of 32 cases.

Diphtheria.

No cases were notified.

Measles.

612 cases were notified. This is a decrease of 919 on the figures for 1965, when 1,531 cases were notified.

Acute Pneumonia.

19 cases were notified, the same number as in 1965. 10 of these cases were adults over the age of 45.

Meningococcal Meningitis.

No cases were notified.

Ophthalmia Neonatorum.

No cases were notified.

Typhoid Fever.

5 cases were notified, including one Paratyphoid "B", compared with none in 1965.

Erysipelas.

2 cases were notified, the same number as in 1965.

Acute Infective Encephalitis.

One case was notified, compared with none in 1965.

Acute Poliomyelitis.

No cases were notified.

Puerperal Pyrexia.

No cases were reported, compared with two in 1965.

Food Poisoning.

4 cases occurred, compared with 6 in 1965.

Malaria.

No cases were notified.

Dysentery.

68 cases were notified, compared with 129 in 1965.

The total number of notifiable diseases reported in the Borough during 1966 was 876, which shows a decrease of 1,025 on the figures for 1965. This difference is largely accounted for by the fluctuation in the numbers of measles notifications.

Cancer.

The recorded deaths from various types of malignant disease shows a slight decrease in number as compared with 1965, from 314 to 306.

The Table shows the deaths by age distribution :—

<i>Age</i>	<i>Under 25 years.</i>		<i>25—34 years.</i>		<i>35—44 years.</i>		<i>45—54 years.</i>		<i>55—64 years.</i>		<i>65—74 years.</i>		<i>75 years and upwards.</i>		<i>All Ages.</i>		
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
<i>Site.</i>																	
Stomach	—	—	1	—	—	—	5	1	4	2	14	4	9	8	33	15	48
Lungs & Bronchus	—	—	—	—	—	—	8	1	20	2	30	2	4	1	62	6	68
Breast	—	—	—	—	—	—	—	4	—	8	—	4	—	7	—	23	23
Uterus	—	—	—	—	—	2	—	3	—	3	—	—	—	4	—	12	12
Leukaemia and Aleukaemia ..	—	—	1	—	—	—	—	—	—	—	1	—	—	1	2	1	3
All Others	3	1	1	—	2	2	5	7	15	15	23	25	29	24	78	74	152
TOTALS	3	1	3	—	2	4	18	16	39	30	68	35	42	45	175	131	306

DERWENT HOSPITAL.**Detailed Analysis of Admissions and Discharges during 1966 (Borough only)**

<i>Disease</i>	<i>Remaining 31/12/65.</i>	<i>Admitted.</i>	<i>Discharged.</i>	<i>Died.</i>	<i>Remaining 31/12/66.</i>
Mumps	—	3	3	—	—
Chicken Pox	—	1	1	—	—
Whooping Cough	—	4	4	—	—
Gastro-Enteritis	—	1	1	—	—
Dysentery	—	1	1	—	—
Pneumonia	—	1	1	—	—
Measles	—	3	3	—	—
Glandular Fever	—	4	4	—	—
Salmonella Infection	1	—	1	—	—
Meningitis	—	1	1	—	—
Typhoid	—	3	3	—	—
Typhoid Carrier	—	1	1	—	—
Infective Hepatitis	—	3	3	—	—
Scabies	1	—	1	—	—
Paratyphoid "B"	—	1	1	—	—
Various	—	16	16	—	—
TOTAL ALL DISEASES ..	2	43	45	—	—

Venereal Diseases.

RETURN relating to Borough residents who were treated at the Treatment Centre at Derbyshire Royal Infirmary, Derby, during the year ended, 1966.

<i>Name of Local Health Authority</i>	NUMBER OF NEW CASES IN YEAR			
	<i>Totals</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Derby County Borough ..	650	8	165	477

General Comments.

The year passed uneventfully, and the Borough was again fortunate in avoiding any epidemic of the more serious infectious diseases. In general the immunisation state of the child population against diphtheria, whooping cough, tetanus and poliomyelitis is satisfactory, and compares favourably with the average of the National figures for immunisation against these infections. The personal persuasion of the Health Visitor in the home and at the Welfare Clinics, and the routine immunisation sessions held throughout the year in all schools, have been the chief means of educating parents of their responsibility in this respect.

Immunisation sessions are held at all the Welfare Clinics monthly, or more frequently, according to the numbers attending; the administration of poliomyelitis vaccine at the same time as the Triple Antigen has halved the number of visits, and is much more acceptable to the mothers. Appointments are made for attendance at these sessions to avoid undue waiting and to assist the smooth running of the session.

Dysentery—bacillary.

An outbreak of shigella sonnei dysentery occurred among the children at one of the Corporation's Day Nurseries at the beginning of September. Investigations following upon reports of illness among the children revealed a total of 26 cases with positive stools among the children and some members of their families during the week ended 10th September, 1966. Two sections of the nursery were closed, and all positive cases were excluded, until three consecutive negative specimens of stools had been obtained. Specimens were also taken from all other children in the nursery and from all members of the staff. Due to the prompt action taken to isolate all positive cases, the outbreak was quickly brought under control. Only eight more cases occurred up to the end of the month, mostly among family contacts of children already ill.

There was a second and smaller outbreak in the same nursery towards the end of November, 1966. This was limited to seven children. A similar course of action was followed as in the first outbreak. At the same time as the dysentery outbreaks in the nursery, a small number of sporadic cases of sonnei dysentery occurred in the Borough. These were confined to individual families and were unrelated to the cases in the nursery. All cases were fortunately mild and quickly recovered after appropriate courses of treatment.

The control and suppression of this particular disease often involves an amount of work out of all proportion to the number of cases involved. The two outbreaks at the day nursery, though small and quickly controlled, each involved the collection, examination and documentation of some hundreds of specimens, and detailed follow-up of all known contacts. The small family outbreaks involved frequent and repeated visits by a Health Visitor over a period of several weeks. Some of these cases were still under investigation at the end of the year.

Typhoid Fever.

Three cases of typhoid fever and one carrier of typhoid were recorded during 1966. All three of the typhoid cases occurred among immigrants recently arrived in this country from India. Two were members of the same family. A case of Paratyphoid "B" occurred in a school-boy who had accompanied a school party on a Continental tour. All these patients were isolated in the Derwent Hospital, as were three other members of one family suspected to be carriers, until they were proved free of the disease. The close contacts of all cases, and members of the school party were all investigated. No further cases were discovered as a result of these investigations.

Smallpox.

No cases occurred in the Borough during 1966, although a limited outbreak in the West Midlands brought about an increase in the numbers of people applying for vaccination. The majority of these were holiday-makers to the Continent who were required to have valid International Certificates of vaccination against smallpox before departure from the United Kingdom. Several thousands of these vaccinations were done, mainly by general practitioners, but on successful completion of the vaccination each certificate had to be authenticated and counter-signed by the Medical Officer of Health in accordance with International Sanitary Regulations. This documentation entailed a considerable amount of extra work on the part of the Health Office staff. As more and more people are travelling abroad, this aspect of the Health Department's work in connection with immunisation and vaccination generally will no doubt continue unabated in the future.

VI.—TUBERCULOSIS.

Report by DR. H. L. MATTHEWS, *Consultant General Physician.*

Incidence.

56 new cases of respiratory tuberculosis were notified in Derby during 1966, six fewer than in the previous year. Included in this total were 17 Indian and Pakistani immigrants, five referrals to the Chest Clinic from the Nottingham Mobile Mass Radiography Unit, and three contacts of known cases of tuberculosis, who were discovered by routine examination at the Chest Clinic.

The number of new cases of non-respiratory tuberculosis notified in 1966 was 16, which was the same as the 1965 total.

Mortality.

The number of deaths from respiratory tuberculosis was five, all over 55 years of age. There were, as in 1965, two deaths from non-respiratory tuberculosis.

Prevention.

The first visit to homes of newly notified cases of tuberculosis is made by a health visitor from the Chest Clinic as soon as possible after notification and the patient is advised *re* precautions which must be taken to avert the spread of infection. The health visitor also arranges for contacts to attend a special contacts session of the Chest Clinic, and she urges the acceptance of B.C.G. vaccination for younger members of the infected household and others in close contact. An explanatory leaflet regarding B.C.G. vaccination is also left at the house. Subsequent routine visiting of the family is made by the same health visitor to ensure that medical advice is being followed and proper precautions taken.

Contacts are asked to attend the Chest Clinic for examination by appointment, and the following is a summary of such work done during the past six years:

YEAR.	<i>No. of New Cases of Tuberculosis notified.</i>	<i>No. of New Contacts examined.</i>	<i>Total Contact Attendances.</i>	<i>No. of Contacts found to be tuberculous.</i>
1961	63	449	1,201	3
1962	63	404	1,033	1
1963	70	408	987	4
1964	66	460	1,014	5
1965	78	487	1,073	2
1966	72	616	1,028	3

B.C.G. Vaccination.

Contacts vaccinated at Derby Chest Clinic during 1966 under			
Local Health Authority's approved Scheme	...	...	165
New-born infants vaccinated in maternity hospitals	...	...	12
Total			177

(NOTE.—Of the 616 new contacts examined during 1966, 169 were children.)

It is the practice in Derby to arrange regular re-examination for all home contacts of infective cases of tuberculosis and this is continued for varying periods, according to circumstances, after the last exposure to infection. In certain cases, Chest Clinic supervision has been prolonged for one to two years after contact has ceased. The same rule is observed in households where death from tuberculosis has occurred without prior notification of the disease.

Rehabilitation.

Suitable employment and conditions for tuberculous patients returning to work are very carefully selected, and, in this connection, the chest service is indebted to the medical officers of the larger industrial undertakings in Derby for the interest they have shown and the assistance they have given. All patients who have recently returned to work are, of course, kept under close supervision at the Chest Clinic.

Care and After-Care.

The excellent co-ordination which has been established in Derby between the Chest Clinic and the Medical Officer of Health's Department was fully maintained during 1966, and co-operation between those concerned with the care and after-care of tuberculous patients has been notably successful. Details of assistance given to patients under this head appear in the Social Service section of this Report.

Health Visiting.

During the year, visits were made to 326 patients' homes by the two tuberculosis health visitors

Register of Notifications.

	RESPIRATORY.			NON-RESPIRATORY.			TOTAL CASES.
	Males.	Females.	Total.	Males.	Females.	Total.	
Number of cases of Tuberculosis remaining at 31/12/66 on the Register of Notifications kept by the Medical Officer of Health	260	158	418	98	112	210	628
Number of cases removed from the Register during the year by reason of —							
1. Withdrawal of notification ...	2	1	3	—	—	—	3
2. Recovery from the disease ...	110	82	192	2	4	6	198
3. Death (all causes)	20	3	23	1	1	2	25
4. Otherwise	15	9	24	—	1	1	25

Tuberculosis Notifications and Deaths, 1966.

AGE AND SEX INCIDENCE.

Age Periods.	New Cases.*				Deaths.			
	Respiratory.		Non-respiratory.		Respiratory.		Non-respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1 year ...	1	2	—	—	—	—	—	—
2—4 years ..	1	—	—	—	—	—	—	—
5—9 „ ...	2	—	—	—	—	—	—	—
10—14 „ ...	1	—	1	—	—	—	—	—
15—19 „ ...	3	1	1	—	—	—	—	—
20—24 „ ...	4	4	2	1	—	—	—	—
25—34 „ ...	4	3	3	1	—	—	1	—
35—44 „ ...	7	2	1	1	—	—	—	—
45—54 „ ...	5	2	—	—	—	—	—	—
55—64 „ ...	5	—	1	2	1	1	1	—
65—74 „ ...	5	2	—	2	2	—	—	—
75 and over ...	2	—	—	—	1	—	—	—
Totals ...	40	16	9	7	4	1	2	—

* New Cases.—Cases transferred to Derby during 1966 from other areas are not included.

New Cases and Deaths. Comparative Table for Years 1959—1966.

YEAR.	RESPIRATORY TUBERCULOSIS.		NON-RESPIRATORY TUBERCULOSIS.	
	*New Cases.	Deaths.	*New Cases.	Deaths
1959	61	10	7	—
1960	67	15	7	1
1961	58	11	5	—
1962	57	11	6	—
1963	56	4	14	—
1964	56	6	10	—
1965	62	8	16	2
1966	56	5	16	2

* Transfers from other areas (excluding Reg. Genl. Transferable Deaths) not included.

Public Health (Tuberculosis) Regulations, 1952.

PART I.

Summary of notifications of tuberculosis during the period from the 1st January, 1966, to the 31st December, 1966, in the County Borough of Derby.

FORMAL NOTIFICATIONS.

Number of Primary Notifications of New Cases of Tuberculosis.

Age Groups.	Respiratory.		Meninges or C.N.S.		Others.	
	Males.	Females.	Males.	Females.	Males.	Females.
Under 1	—	—	—	—	—	—
1—	1	2	—	—	—	—
2— 4	1	—	—	—	—	—
5— 9	2	—	—	—	—	—
10—14	1	—	—	—	1	—
15—19	3	1	—	—	1	—
20—24	4	4	—	—	2	1
25—34	4	3	—	—	3	1
35—44	7	2	—	—	1	1
45—54	5	2	—	—	—	—
55—64	5	—	—	—	1	2
65—74	5	2	—	—	—	2
75 and over	2	—	—	—	—	—
TOTAL (all ages) ..	40	16	—	—	9	7

MASS RADIOGRAPHY IN DERBY

4th July to 5th August, 1966

I am indebted to Dr. Guthrie, the Medical Director of Nottingham Area No. 2 Mass Radiography Unit, for sending the following report:—

On this occasion 6,936 examinees were x-rayed by the unit as compared with 6,411 in 1965. The response from school leavers was only 54% but this is only slightly less than last year when it was 58%. There were more referrals from General Practitioners this year, *i.e.* 55 as compared with 36 last year. It is interesting to note that 24% of the general public were x-rayed for the first time by a Mass X-ray Unit.

Twelve cases of suspected pulmonary tuberculosis were discovered and so far one has definitely been proved active. There were seven cases of non-tuberculosis and three heart cases, all of which have been referred for further investigation.

As I have already mentioned, more cases were referred by General Practitioners and from these cases, five were required for further investigation, which illustrates the value of x-raying this group of examinees.

Nine examinees found to have significant lesions had normal miniature films previously, which illustrates the value of periodic x-ray of the chest.

Three examinees did not return for Large Films as requested. One was on account of a technical fault and the other two did not appear to have significant lesions, so no further action has been taken regarding these examinees.

[illegible]

VII.—MENTAL HEALTH

Administration.

(a) Most of the functions of the Local Authority and the Local Health Authority under the Mental Health Act, 1959, and Section 51 of the National Health Service Act, 1946, stand referred to the Health Services Sub-Committee, consisting of twelve members of the Health Committee, which meets monthly.

(b) All Mental Welfare Services are under the supervision of the Medical Officer of Health.

Dr. V. N. Leyshon, Medical Officer of Health, Dr. J. E. Masterson, Deputy Medical Officer of Health, Dr. G. W. R. McGregor and Dr. M. M. F. Robinson, Senior Assistant Medical Officers of Health, and Dr. C. L. Noble, School Medical Officer, are authorised to act as responsible medical officers in relation to patients under guardianship under Part IV of the Mental Health Act, 1959, or under Part III of the Sixth Schedule of the said Act.

There are 8 patients under the guardianship of the Local Health Authority.

Six Mental Welfare Officers share the duties under the Mental Health Act, 1959. There is one Senior Mental Welfare Officer and five Mental Welfare Officers. Two have considerable practical experience and have been awarded the Diploma of Recognition of Experience in Social Work by the Council for Training in Social Work. One has gained a Certificate of the Council for Social Work Training after taking a two year course under the Council's Training Scheme at the Liverpool College of Commerce. Three are registered Mental Nurses and one of these has gained the Diploma in Political and Economic Studies at Nottingham University. One is studying at the Nottingham Regional College of Technology for the Certificate of the Council for Social Work Training and it is hoped that the other Mental Welfare Officer may take a similar course at an early date.

Clerical Staff—one qualified Shorthand Typist whose duties include the keeping of records and receptionist.

(c) 34 visits in connection with renewal of Orders under Section 43 of the Mental Health Act, 1959, and applications for holidays were made on behalf of 4 hospitals

(d) The Court of Protection have appointed the Senior Mental Welfare Officer to be the Receiver of the estates of four mental patients. Three patients are in hospital and the other is under the Guardianship of this authority.

(e) No duties are delegated to voluntary organisations.

Account of Work Undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-Care:—

Prevention.

The Mental Welfare Officers made 1,200 visits and dealt with 551 cases as follows:

146 neurotic and confusion cases with domestic difficulties:—

Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.

- 10 males were found other employment.
- 10 females were found other employment.
- 91 persons were persuaded to undergo out-patient treatment.
 - 2 males persuaded to attend rehabilitation centre.
 - 2 females persuaded to attend rehabilitation centre.
- 14 males found lodgings.
- 8 females found lodgings.
- 135 patients are receiving regular visits for observation.
- 55 females persuaded to attend general practitioner.
- 35 males persuaded to attend general practitioner.
- 28 cases investigated proved to be caused mainly by neighbours' quarrels.
- Differences adjusted in many cases.
- 15 cases—arrangements were made for elderly, mildly confused patients to be admitted to Manor Hospital.

Prevention.

A young lady of eighteen years left home to live with several other young people in a flat. Conditions in the flat became rather difficult when her boy friend began to pay attention to one of the other girls. She became very fed-up and depressed and was admitted to a general hospital after taking an overdose of drugs. On recovery from the overdose she refused to enter a psychiatric hospital. She returned to the flat and was visited by the mental welfare officer on numerous occasions. A good rapport was established and the girl became a frequent caller to this office. She has been encouraged into returning to live with one of her relatives, has been assisted into a change of employment and at present is reasonably happy and is greatly improved.

A man aged 58 years was reported as possibly being mentally sick. When visited he was found to be very dejected and said that he was unfit to mix with normal people as he was suffering from a dreadful disease which was spreading throughout his system. He was encouraged into attending an out-patient clinic and after treatment he showed considerable improvement. He was rather lonely after the death of his wife some years ago. The mental welfare officer found a new home for him where he can live as a member of the family and his improvement is thereby being maintained.

An elderly woman, caring for her physically ill husband became anxious and agitated to such a degree that her general practitioner requested her admission to a psychiatric hospital. This did not prove to be possible on investigation as the woman refused to consider this and there were no grounds for compulsion. The precipitating factor in this case appeared to be the illness of the husband. The wife admitted that she found the responsibility of caring for him a great strain to her, but when his illness necessitated his admission

to hospital his wife continued to be very disturbed. Whilst the husband was in hospital she was visited regularly by the doctor and by the mental welfare officer, and it was arranged that help would be given to the wife in caring for the home by a voluntary organisation. The home nurse would help to care for the husband when he returned from hospital as she had done previously. With a great deal of support from the social services available, the woman became competent to deal with her affairs independently and eventually with the help of the home nurse she was able to care for her husband at home as she had done before she became ill.

A meticulously clean middle-aged lady has been co-habiting with a married man for a considerable number of years. There are no children. This patient has experienced feelings of guilt because of her situation and suffers bouts of depression associated with auditory hallucinations, when the voices of a man and a girl shout obscenities at her and accuse her of gross sexual malpractices. When the hallucinations begin she at first maintains insight and will say, "I know they are only voices", but as the attack progresses she will declare that her persecutors are welfare officers. Her paramour tries to understand her but communicates his own anxiety and thus aggravates her condition. By keeping in touch with the patient the mental welfare officer has been able to persuade her to accept out-patient treatment at the onset of her frequent breakdowns and thus prevents the need for hospitalisation.

A widow aged fifty-seven years living alone. After her husband's sudden death four years ago she became extremely disturbed and appeared unable to adjust to life without him. She kept his clothes, would not sleep on his side of the bed and spent much of her spare time at the cemetery tending his grave and the others in the close vicinity. She gradually became more distressed complaining of severe pains in her head, chronic insomnia and loss of appetite. She was depressed and subject to bouts of uncontrollable weeping. She had some insight into her condition and sought help when she realised she could no longer cope alone. After several visits she agreed to attend a psychiatric out-patient clinic and with treatment she made a good recovery.

A young woman of twenty-three years living with her husband who is a Hungarian and their two small children was referred to this department by her general practitioner after taking an overdose of tablets following some marital difficulties. They had married against her parents' wishes who had compelled her to wait until she was twenty-one. It had been a happy marriage until recently when her husband became unemployed and commenced staying away from the home for long periods. The patient claimed she still loved her husband and took him back after his absences. The husband was most unco-operative and showed no concern for his wife or family. He would not say where he had been living during these absences and it was obvious that he intended leading an independent life without regard to the welfare of his family. Numerous visits were paid to see both wife and husband and it became apparent that a reconciliation was impossible because of the husband's attitude. The wife became rather disturbed, she was depressed and felt she could not manage to cope alone. With a great deal of support she came to realise that she must reach a decision whether to stay with her husband and accept the situation as it was or to leave him and manage alone. She decided to apply for a separation and immediately became more settled and relaxed. She regained her confidence and became less depressed and it seems likely that she will be able to regain her balance and adjust her life without her husband.

Observation and Care.

The Mental Welfare Officers made 2,184 visits and dealt with 1,041 cases as follows:—

268 cases persuaded to enter hospital as informal patients.

99 cases reported and no compulsory action taken.

140 cases requiring emergency admission to hospital—Section 29 of the Mental Health Act, 1959.

46 cases requiring admission to hospital for observation—Section 25 of the Mental Health Act, 1959.

20 cases requiring admission to hospital for treatment—Section 26 of the Mental Health Act, 1959.

341 mental patients:—

Claiming of wages, National Insurance, National Assistance, Disability Pensions, Retirement Pensions, Unemployment Benefit, general welfare inquiries, the storing of personal property and communications with distant relatives on their behalf.

56 male patients helped to settle domestic affairs.

71 female patients helped to settle domestic affairs.

After-Care.

The Mental Welfare Officers made 1,139 visits and dealt with 629 cases as follows:—

47 males were returned to regular employment.

11 males were found new lodgings.

11 females were found new lodgings.

21 females were returned to regular employment.

75 males kept under constant supervision.

93 females kept under constant supervision.

42 males re-admitted to mental hospital.

41 females re-admitted to mental hospital.

3 males persuaded to attend rehabilitation centre.

10 males found change of employment.

6 females found change of employment.

24 males persuaded to continue with out-patient treatment.

27 females persuaded to continue with out-patient treatment.

209 cases visited at regular intervals.

8 reconciliations effected.

1 female sent to convalescent home.

Care.

A young man of thirty years of age with a long history of mental illness with some outbursts of violence walked out of the psychiatric hospital where he had been a patient therein for several months. He returned home where his mother was living in fear that he might attack and injure her and she was therefore afraid to report the matter to the proper authority. The mental welfare officer was asked to call at the home and was immediately attacked by the patient and beaten up. Eventually he was forcibly removed from the home and returned to the hospital where he is still a patient.

A lady aged fifty years who had lived all her life with her parents in the happy atmosphere of a good home. She has lived alone since the death of her parents some fifteen years ago. She has become a recluse, refusing employment and remaining in the house which she keeps very clean and tidy. Her case was brought to the notice of this department by her doctor as she had become paranoid and believed she was in constant touch with the police and private investigators who were trying to trap the people who were attempting to do her an injury. She was admitted to hospital on several occasions, each time returning home improved. Unfortunately, however, she persists in living alone, cutting herself off from relatives and friends. Recently she developed ideas that the Government were sending out rays which were causing damage to her back and she commenced writing abusive letters to various social agencies. It was eventually considered necessary to admit her to the psychiatric hospital.

A psychoneurotic middle-aged woman suddenly found herself isolated within the community. She had been married for over twenty years but her husband had now left her and her elderly mother is obliged to remain indefinitely in hospital following a serious accident. The woman's reaction to this situation was one which led her to seek help from anyone who came within her orbit. She was perpetually knocking on her neighbours' doors at all times of the day and night to ask for tea or for help to carry out her chores. She was also in the habit of visiting distant relatives and asking to be taken in as she was lonely. The neighbours and relatives eventually lost patience and sympathy and she was referred to the mental health department. Over the next twelve months the mental welfare officer dealing with this case had the task of supporting and helping this woman to live in the community. At first this involved spending a great deal of time with her and making all decisions and implementing them on her behalf and at one stage to arrange her admission to hospital for a short period, but gradually she has become able to adjust to her situation and she is now able to function independently to a great degree.

A middle-aged single man, living alone, has allowed himself and his owner-occupied house to get into a dirty neglected condition. Efforts to encourage him to keep himself and the house clean have been unsuccessful and he is now developing a system of delusions around the prosperity of his relatives, whom, he says, have robbed him of the benefit of his mother's will. His work record is poor and his uncouth appearance in the interview situation has resulted in long periods of unemployment. He is lonely, and his habit of communicating misery keeps would-be friends at bay. He refuses medical help and frequently leaves his house unsecured while he spends a few weeks in a working men's hostel. Sustained case work has been impossible because he can rarely be found at home, and fails to keep appointments. The mental welfare officer endeavours to maintain contact with the patient and hopes to effect some degree of improvement.

A young man aged twenty-five years living with his parents and two younger brothers was behaving very strangely in the home and help was requested by his father. He has been unemployed for a considerable period and only left the house on rare occasions. Several visits were paid and the patient usually complained of feeling "mixed-up" and said that he could not eat his meals with the rest of the family because when he is eating he swallows people. His family reported that he was frequently sick, was unable to sleep, was restless during the night and disturbed the rest of the household. He

began to threaten violence towards the family particularly his mother and he was eventually admitted to hospital. He was inclined to be unco-operative at first and frequently returned home upsetting his family. However, he gradually settled down and after a period of treatment he was allowed home for week-ends. He eventually returned to work but resided at the hospital. Both the patient and his family will need continued support in order that they may become united again.

After-Care.

A lady now aged sixty-two years, was for many years a source of anxiety to her relatives and also to this department. At one time she was considered to be such a chronic mental patient that it was thought she would never make a recovery. It is now more than two years since she left hospital and since then she has been frequently visited by the mental welfare officer and given encouragement and support. This lady is quite intelligent and in earlier years was employed as a private secretary. Since leaving hospital she has been employed in several part-time jobs. Eventually a situation was found for her which suited both the patient and the employer. It is a congenial post and quite adjacent to the lady's home. At first she was employed three days per week but now she is happily working full-time. She is more energetic, takes a lively interest in her Church activities, has made new friends and this year has had enough confidence to arrange a holiday for herself, something she has not done for a very long time.

A man in early middle age who is of limited intelligence and was considered to be educationally subnormal. During childhood he became uncontrollable with temper tantrums and screaming attacks. He used to frighten his mother until she suffered a nervous breakdown. He was admitted to a suitable hospital and remained there for several years. Eventually he was allowed home on extended leave, and was visited and assisted by the mental welfare officer in obtaining employment. He was found repetitive employment of rather a heavy nature but within his capabilities. He proved to be an excellent worker and kept his job for a considerable length of time. Recently, however, he felt the need for a change and is now very happily employed as a bus conductor. This young man seems to have improved almost beyond recognition and it is pleasing to note that he has made such a good citizen.

A man in late middle-age and suffering from schizophrenic dementia was brought to the notice of the mental welfare officer when his aged mother, who had grossly over-protected him for years was herself admitted to hospital after a domestic accident. The man was then taken to Kingsway Hospital and was found to have advanced oedema due to sitting all day and not being allowed to help himself in any way. Improvement in his general condition was quickly effected and although unable to express himself he appeared to be happy in the hospital environment. As soon as the mother left hospital she demanded his discharge to her care. Although she was the subject of intensive case work, her overriding desire to completely possess the patient proved intractable, and her mild senile confusion did not prevent her from bringing home her son against medical advice. The situation has gradually deteriorated, and while the mother feels that she is coping admirably, her confusion is increasing and the son is again almost immobile. This is a case which will continue to require close supervision until a decision to proceed under Part IV of the Mental Health Act can be taken.

A young girl who had suffered schizophrenia was discharged from hospital. The mental welfare officer visiting the home following discharge was disturbed to find that after a few weeks the girl's condition was deteriorating rapidly. The girl was taking her tablets regularly and attending out-patient clinic as requested, but she was becoming more and more withdrawn and immobile at home. The patient had a very good work record prior to admission to hospital, but her mother refused to consider her returning to her previous place of employment and the girl accepted this passively. The girl was over-protected by her mother, and although she was advised to allow her daughter to seek employment by the doctor, she would always find some excuse to keep her at home. Eventually the mother was persuaded that to keep the girl at home was not in her best interests, and she agreed to allow her to work on a day basis at the Industrial Therapy Unit at Kingsway Hospital. The girl's outlook has been transformed. She is alert and responsive and mixing well with other people. Mother says she has never been so well for a long time. She is now ready to seek employment.

A young man aged twenty-eight years was living with his parents and brother. He enjoyed his work and received good wages and his home was normally a contented one. However, he suddenly became very agitated, confused and abusive towards his parents. It was considered necessary for him to be admitted to hospital but his parents were extremely distressed by this and it was necessary for the mental welfare officer to help them to accept their son's illness. After his discharge from hospital he recommenced work but was unable to continue. Numerous visits were paid by the mental welfare officer who persuaded him to attend the psychiatric out-patient clinic for further treatment. He was helped by his family and the mental welfare officer during this difficult time. Eventually he was able to return to work and further out-patient treatment was discontinued.

MENTAL HEALTH STATISTICS FOR 1966

Number of Persons under Local Health Authority care at 31st December, 1966

		MENTALLY ILL.				ELDERLY MENTALLY INFIRM.		PSYCHOPATHIC.				SUBNORMAL.				SEVERELY SUBNORMAL.				TOTAL.						
		Under age 16		16 and over		M.	F.	Under age 16		16 and over		M.	F.	Under age 16		16 and over		M.	F.							
		M.	F.	M.	F.			M.	F.	M.	F.			M.	F.											
1	Total Number	..	..	..	..	..	..	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
2	Attending training centre	..	..	..	..	..	..	—	—	—	—	—	—	—	—	—	—	6	4	11	11	13	9	3	5	62
3	Awaiting entry to training centre	..	..	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Receiving home training	..	..	..	..	..	..	—	—	2	3	—	—	—	—	—	—	—	—	2	—	—	—	—	—	7
5	Awaiting home training	..	..	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Resident in L.A. home/hostel	..	..	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	11	23
7	Awaiting residence in L.A. home/hostel	..	..	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Resident at L.A. expense in other homes/hostels	..	..	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Resident at L.A. expense by boarding out in private household	..	..	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Attending day hospitals	..	..	..	..	..	..	—	—	4	8	4	10	—	—	—	—	—	—	1	2	—	—	—	1	30
11	Receiving home visits and not included in lines 2—10:—	..	..	..	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(a) Suitable to attend a training centre	..	..	..	..	..	..	—	—	10	5	—	—	—	—	—	—	—	—	11	11	—	—	9	7	53
	(b) Others	..	..	..	..	..	..	—	—	142	196	37	58	—	—	11	9	6	6	104	98	14	14	29	28	753

12	Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (18)	Male	Nil.
		Female	Nil.
13	Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948	Male	12
		Female	11

**NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL, ADMITTED FOR TEMPORARY
RESIDENTIAL CARE OR ADMITTED TO GUARDIANSHIP DURING 1966.**

REFERRED BY	MENTALLY ILL				ELDERLY MENTAL INFIRM		PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				Total
	Under age 16		16 and over		M.	F.	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) In urgent need of hospital care . . .	—	—	—	—	—	—	—	—	—	—	1	—	1	—	5	2	3	4	16
(b) Not in urgent need of hospital care . .	—	—	—	—	—	—	—	—	—	—	—	—	4	1	1	—	—	2	8
(c) TOTAL	—	—	—	—	—	—	—	—	—	—	1	—	5	1	6	2	3	6	24
2. Number of admissions for temporary resi- dential care (e.g. to relieve the family).																			
(a) To N.H.S. hospitals.. . . .	—	—	—	—	10	17	—	—	—	—	—	5	2	4	10	8	11	10	77
(b) To L.A. residential accommodation . .	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	3
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) TOTAL	—	—	—	—	12	18	—	—	—	—	—	5	2	4	10	8	11	10	80

	GUARDIAN	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				Total
		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		(17)
1. (a) Admissions to guardianship during the year.	L.H.A. ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total ..			1														1
(b) Total number under guardianship at end of year.	L.H.A. ..	—	—	1	—	—	—	—	—	—	—	2	—	—	3	—	—	6
	Other ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Total ..			2								2			3			7

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		(17)
(a) General practioners	—	—	107	93	—	—	—	—	—	—	1	—	3	11	3	4	222
(b) Hospitals, on discharge from in-patient treatment	—	—	193	206	—	—	—	—	—	—	—	—	1	—	—	—	400
(c) Hospitals, after or during out-patient or day treatment	—	—	140	136	—	—	—	1	—	—	2	1	—	—	—	1	281
(d) Local education authorities	—	—	—	—	—	—	—	—	5	2	—	—	1	—	1	—	9
(e) Police and courts	—	—	49	38	—	—	—	—	—	—	—	—	—	1	1	1	90
(f) Other sources	—	—	68	90	—	—	—	2	—	—	—	1	2	7	4	6	180
TOTAL	—	—	557	563	—	—	—	3	5	2	3	2	7	19	9	12	1,182

**WORKSHOPS, OCCUPATIONAL CENTRES AND TRAINING CENTRES AS AT
31st DECEMBER, 1966.**

TABLE I—Workshops or Occupational Centres for the Mentally Ill.

Number of premises and places provided	1	Premises	Nil.
	2	Places	Nil.

TABLE II—Training Centres for the Subnormal or Severely Subnormal (including Special Units).

	<i>Age Group provided for.</i>	<i>Number of Premises.</i>	<i>Places.</i>	
			<i>Junior.</i>	<i>Adult.</i>
3	Under 16	—	—	—
4	16 and over	—	—	—
5	Junior and Adult	2	65	30
6	TOTAL	2	65	30

TABLE III—Special Units (included in Table II above) providing for the severely Subnormal with gross physical handicaps or gross behaviour difficulties.

1	Special Units within Training Centres	7	Premises	—
		8	Places	—
2	Self-contained Units independent of Training Centres ..	9	Premises	1
		10	Places	20

TABLE IV—Places made available to the Authority by other Authorities or Organisations.

	<i>Type of authority or organisation.</i>	<i>Places in workshops or occupational centres for the mentally ill.</i>	<i>Places in training centres for the subnormal or severely subnormal.</i>		<i>Places in special units for the severely subnormal.</i>
			<i>Junior.</i>	<i>Adult.</i>	
14	Local Authority	—	—	—	—
15	Hospital	26	—	4	—
16	Other Organisations ..	—	—	—	—
17	TOTAL	26	—	4	—

TABLE V—Adjusted figures for places.

<i>Net number of places available to the authority.</i>	<i>Workshops or occupational centres.</i>		18	Line 2 + line 17 — line 13	26
	Training centres	Junior	19	Line 6 + line 17 — line 13	65
		Adult	20	Line 6 + line 17 — line 13	34
	Special Units		21	Lines 8 + 10 + 17 — line 13	20

Dr. Hunter, Medical Superintendent, Kingsway Hospital, Derby, holds a weekly meeting each Monday, at which his medical staff, the occupational therapists, the hospital social workers, representatives of the Ministry of Labour and the mental welfare officers are present. The admissions and discharges during the previous week are discussed and information exchanged regarding patients as to their future, after-care and rehabilitation in civil and industrial life. In between meetings the Superintendent maintains contact by seeking the aid of the mental welfare officers with regard to any enquiry he wishes to be made and by obtaining and forwarding to him any patient's social history.

By permission of the Medical Superintendent, the mental welfare officers are allowed to see patients on any day with a view to relieving them of domestic, financial and other matters which may be causing them concern. Co-operation is readily given by all concerned.

Thanks are tendered to the Medical Superintendent, Medical Officers and Staff of Kingsway Psychiatric Hospital, the Children's Officer, Chief Executive Officer, Welfare Department, and also to the general practitioners and police for their help and co-operation in carrying out the difficult duties under the Mental Health Act, 1959.

A large group medical practice has invited the mental welfare officers to attend their surgery each week in order that they can give to the mental welfare officers and discuss with them at first hand, cases which may require psychiatric treatment or some form of action by the general practitioner and the mental health social worker to prevent a mental breakdown. This form of liaison is to the benefit of both the general practitioner and the mental health social worker.

The help and co-operation of all sections of the Ministry of Labour, also that of the National Assistance Board and the Ministry of Social Security, is greatly appreciated, also that of the W.R.V.S. for supplying meals and clothing to special cases.

Section 47, National Assistance (Amendment) Act, 1951.

One person was admitted to the Manor Hospital.

Subnormal and Severely Subnormal Patients.

GUARDIANSHIP AND SUPERVISION.

Thanks are tendered to the Medical Superintendent, Dr. K. O. Milner, Dr. S. L. Davies, and Staff of Aston Hall Hospital for their help and co-operation in carrying out the duties concerned with the examination and care of the sub-normal and severely sub-normal patients.

At the end of 1966 there were 413 sub-normal or severely sub-normal persons under supervision, 72 being under the age of 16 years.

Of the total number of sub-normal cases, 71 were in employment.

212 Derby cases were in 28 different hospitals throughout the country.

The Mental Welfare Officers carried out 1,121 domiciliary visits during the year and six cases were found to be socially stabilised and no longer in need of care.

As a result of these visits it has been possible to assist many sub-normal cases in employment, domestic and financial problems.

IVY HOUSE JUNIOR TRAINING CENTRE

Report by Miss V. M. ROBINSON, *Supervisor*.

There are 62 children attending the Centre. 18 boys under 16 years of age. 15 boys over 16 years of age. 11 girls under 16 years of age. 18 girls over 16 years of age.

Five children, four boys and one girl, were admitted during the year. A senior boy left to enter Aston Hall and a younger girl moved into the County.

A happy relationship exists between Ivy House and the newly opened Special Care Unit. The children attending Ivy House have adopted a very protective attitude towards these children. When weather permits, both groups exercise in the playing field at the same time. Some of the more "able" children in the Special Care Unit are brought to join in "Centre" percussion band and nursery singing sessions. A blind girl finds great happiness in her visits to school. The staff of both sections have met to share social occasions, and to attend meetings and lectures relevant to the work.

Following a Symposium on Special Care Units held in Manchester in April and attended by four members of the staff, the Supervisor and Mrs. Jepson of the Special Care Unit were grateful for the opportunity to visit Salford, where they had a discussion on various aspects of the work with the Senior Mental Welfare Officer and his colleagues at the Health Department before going on to spend a day at the Wilmur Avenue Special Care Unit.

One of the principal events of the year was the "Open Week", June 6th—10th. Many complete strangers visited the Centre after reading the article in the *Derby Evening Telegraph*, amongst these was a lady from Cheltenham who was spending a few days in Derby. Several other people who had come as strangers to previous Open Days came back, bringing with them friends whom they felt should see the work at Ivy House. At times, the number of visitors was almost overwhelming.

A serious staff problem has existed in the Centre since April when two experimental teachers left the district and the only replacement available was a young teacher with very little experience. The teacher, who combined two classes and maintained a reasonable routine, with the assistance of a young trainee, was released in July to take the N.A.M.H. training course.

Two young trainees joined the staff in September and were able to assist in the supervision of the children but organised lessons graded to the ability of the children had to be discontinued and the Christmas Concert had to be cancelled.

Miss M. Gordon of the Ministry of Health visited the Centre on September 27th. Parties of student Midwives, student Nurses and Medical Students from the Children's Hospital and Nursery Nurses also visited the Centre during the year.

The Centre was broken into three times during the year.

A party of 40 visited Nottingham to see the film, *The Sound of Music*, in February, and a day's outing to Chester Zoo on June 28th was arranged. As in previous years, the Christmas Parties were held on two days, catering for the juniors on December 20th and the seniors on the following day.

SPECIAL CARE UNIT

Report by MRS. P. L. JEPSON, *Senior Assistant Supervisor.*

The Special Care Unit opened on 6th January, 1966, with a staff complement of four, and nine children. Admissions were spread out over the year and we now care for twenty-one. Ages range between three years and 21 years. One child was reluctantly excluded in March, as her continued noisy behaviour was affecting the smaller children.

Two additional members of staff joined us in February and April respectively. Two members left to get married and have been replaced.

We feel that much has been achieved over the past twelve months. Each member of staff has her own group of children and toilet training, feeding, learning to walk and generally being useful to themselves play an important part of their daily training. The children are happy, and will play together and have accepted the staff.

Attendance has been quite good.

Physiotherapy for the spastics commenced in October and progress has been made. Aids have now been introduced. Contact has been made with a speech therapist and it is hoped that if her services cannot be secured, then her advice will be.

A Christmas Party was provided for the children and a visit by Father Christmas to give out the presents added great excitement to a very happy day.

One child is now ready to transfer to Ivy House Junior Training Centre and we are introducing him to this gradually with two sessions there per week. One child who is totally blind enjoys band sessions there too.

The Supervisors of both Ivy House and the Special Care Unit attended a most interesting Symposium held in April at Manchester University. Then a conference of the Association for Parents of Handicapped Children was attended in Leicester. Both of these meetings dealt with Special Care Units and proved helpful and interesting.

VIII.—SOCIO-MEDICAL WORK

Report by MR. R. L. CARABINE, *Senior Social Caseworker*.

It has been said of the Family Doctor that, "He is the patient's first line of defence in times of illness, disability and distress, that he acts as the essential intermediary in the transmission of specialised skills to the individual and that he is the one member of the medical profession who can best utilise the health and welfare services in the interest of the Individual."

I am pleased to report that the most rewarding feature of 1966 for this section of the department was the further development of our policy of providing an active social worker participation in General Medical Practices of this area. Our objects in doing so are threefold and can be stated as follows:—

1. To ascertain at the earliest stage if there are social or emotional aspects of the patient's ill health which can be alleviated or removed completely by the aid of a social worker.
2. Bring all or any of the resources of the Community to the patient's aid if they are so required.
3. In performing both these tasks provide for the General Practitioner an effective and economic advisory service as well as a channel of communication which obviates his need to consult numerous other agencies or departments.

Numerous Committees set up to investigate a variety of fields have commented on the need for this Country to use its skilled workers to the utmost of their specialisation. We believe that the General Practitioner has too little time to waste it in telephoning around for help which can be provided effectively through one worker, we are also convinced that a trained social worker can contribute much to the treatment of many of his patients.

Our experience throughout 1966 confirmed our belief that many social problems are discernable at a far earlier stage by working in association with the general practitioner and that opportunities are offered for preventive medical-social work which are not available in any other way. As will be seen from the classification of problems given below a high proportion are concerned with personal and family matters and stress invariably plays a part. These cases, whilst demanding in every sense, do provide social workers with the opportunity for enabling "safety valves" to work and for helping the patients to take a second and fresh look at the situations facing them. It will be apparent that in such work of a highly intimate and emotional nature the patient needs to have complete confidence in the worker, and this is in no small way one of the great advantages of the association with general practice.

It must be emphasised that the need for this counselling work extends across the community, cases current at the moment include successful business people, professional, skilled and unskilled workers, whose problems have led them to the doctor's surgery, and though they may not be aware of the relationship between their health and their problems they are very willing that both should be treated in the one setting. An encouraging feature in this respect has been the willingness of doctors to offer facilities for social interviewing when such a need is indicated, and this of course "spells out" to the patient with complex problems in the most direct manner the fact that the social worker is part of the medical team.

To sum up this aspect of the work we ended the year with firm arrangements with thirty doctors and every indication that further expansion will come as and when we are able to meet this.

As in other years the section continued to receive work from hospitals, the Chest Centre, our own Health Department workers, other departments of the Authority and the various statutory and voluntary agencies of the area. The constant and friendly relations we have with all these colleagues and allied workers are perhaps, at times, taken for granted by us but occasionally we are brought to realise how much we owe to our friends. Such an occasion was the retirement early in the year of Dr. H. G. Grace, Chest Physician to this Authority for so many years, to whom the writer owes a great debt of gratitude for his unfailing support and encouragement not only in those days when tuberculosis was a scourge but throughout the twenty years the section was privileged to work with him.

Throughout the year the section continued to give all possible support to those responsible for the training of student social workers by taking them for periods of casework supervision. The Authority's own scheme for the recruitment of trainee officers and their subsequent secondment to the National Certificate Course made, in the writer's view, excellent progress and is indeed our one assurance of solving the persistent problem of obtaining qualified staff. The quality of the young people coming forward for a career in social work is one of the most encouraging aspects of the present scene and if present standards are maintained the Authority need have little doubt about the future. In this respect acknowledgement is due to the Establishment Committee of this Corporation who having embarked on the scheme have never faltered in their interest and support.

To conclude, Local Authority social services are at present under survey by the Seeborn Committee and, whilst one cannot anticipate their conclusions, it is to be hoped that when decisions are made, future development and the possibilities now opening up in Community Health work, will be given the consideration they require if opportunities are not to be lost. As I remarked in last year's report, the needs of the handicapped groups within the community have now been recognised and are being tackled, the time is now appropriate for the further step forward which will enable general practice and public health to deploy more effectively our present medical and social knowledge.

Referred by.

Hospitals	...	...	...	...	...	...	171
Chest Centre	...	...	...	...	...	...	123
General Practitioners			...	...	...	...	398
Health Department Workers				...	...	...	95
Local Authority Departments				...	...	...	28
Voluntary Agencies	...		...	...	...	...	39
Ministry of Social Security	...		...	...	...	...	32
Councillors	...	..	...	...	...	...	19
Own Approach		...	...	...	...	...	49
Other Sources	...	...	...	...	...	...	97
							1,051

Problems—Social - Medical.

Convalescence ...	...	...	...	...	...	79
Housing ...	...	...	...	...	...	84
Home Care ...	...	...	...	...	...	61
Rehabilitation ...	...	...	...	...	...	201
Financial Needs ...	...	...	...	...	...	144
Personal Problems ...	...	...	...	...	...	227
Family Problems ...	...	...	...	...	...	207
Medical Care ...	...	...	...	...	...	90
Legal and Technical ...	...	...	...	...	...	27
Medical Appliances ...	...	...	...	...	...	11
Care of Children ...	...	...	...	...	...	29

Medical Classification.

Cancer ...	...	...	...	...	...	73
Cardiac and Circulatory ...	...	...	...	...	...	105
Chest Conditions ...	...	...	...	...	...	98
Diabetes ...	...	...	...	...	...	14
Debility ...	...	...	...	...	...	47
Stress ...	...	...	...	...	...	197
Epilepsy ...	...	...	...	...	...	11
Gastric ..	...	...	...	...	...	24
Neurological ...	...	...	...	...	...	19
Paraplegic and Hemiplegic	...	...	...	...	...	20
Pregnancy ...	...	...	...	...	...	38
Rheumatism and Arthritis ...	...	...	...	...	...	42
Skin Conditions ...	...	...	...	...	...	12
Orthopaedic ...	...	...	...	...	...	28
Gynaecological ...	...	...	...	...	...	18
Tuberculosis ...	...	...	...	...	...	62
Leukaemia ...	...	...	...	...	...	1
Ophthalmic ...	...	...	...	...	...	9
Geriatric ...	...	...	...	...	...	38
Unmarried Mothers ...	...	...	...	...	...	35
Other Medical and Surgical Conditions	...	...	...	...	...	217

IX.—MISCELLANEOUS

REPORT OF THE HOME NURSING SERVICE

By MISS D. M. CLEWES, *Supervisor of Home Nurses.*

The work of this Service has, unfortunately, followed a similar pattern to previous years.

One feels justified in expressing salutary dissatisfaction, for to have to write, "the Service has followed a similar pattern to previous years", is not progress.

From a nurse's point of view there is very little satisfaction in yearly reporting the number of patients attended, and the number of visits paid to patients. The Service for giving care and help to the sick and aged in their own homes should be a progressive one.

A wealthy industrial town such as Derby should have a domiciliary nursing service comparable to any city or town. With regret it must be said that some services are long delayed, and once again the reference is to the lack of:—

1. A Night Nursing Service.

If only the relatives who care for those suffering from long term illnesses could have life made just a little easier. They are expected to carry on with their daily tasks not taking into account that they have very disturbed hours of sleep, due to giving attention to an ill member of the family. A Night Service would be very much appreciated by those people.

2. An Adequate Bathing Service.

The senior citizen, who due to advancing years finds it very difficult to bath, due to fatigue caused when attempting to do so he gives up the attempt, consequently he looks, and becomes neglected. Not by the longest stretch of imagination can one say that two Bath Attendants provide an adequate service for Derby.

The Combined School of Nursing.

At the request of the Principal Tutor, arrangements have been made for students from the hospitals and pupils attending the Introductory Course, to spend a morning with a member of the Home Nursing Staff. The motive is that they gain a knowledge and perception of Domiciliary nursing.

The first member of the Home Nursing Service retired in August. Miss V. Bush had been in the employment of the Council since June, 1950. In January, 1967, Miss Bush was enticed from retirement to help in the Midwifery Service with the early hospital discharges.

1. Total number of persons nursed during the year	...	...	1,474
2. Number of persons who were aged under five at first visit during the year	...	...	18
3. Number of persons who were aged 65 or over at first visit during the year	...	...	745
Total number of visits to patients	...	...	70,667

During the year a total of 877 items of home nursing equipment were loaned to the public including bed pans, mae sheets, backrests, hoists, etc.

EXFOLIATIVE CYTOLOGY

By MISS J. HEADINGTON, *Superintendent Health Visitor.*

Clinic.

The Cytology Clinic set up in November, 1964, for the prevention of illness from cancer of the neck of the womb, for all women over the age of eighteen years, residing in the Borough, came to the end of a second full year. The clinic was well patronized and health education talks on this subject and also techniques on self examination of the breasts was continued. When women returned for their repeat examination after one year had elapsed it was interesting to note that after being taught self examination of the breasts for lumps, twenty five of them had visited their own doctor for advice and five had been referred to hospital for operative treatment. Below is a table showing the number of smears taken since the commencement of the service, and the positive results during 1966.

	<i>First Smears.</i>	<i>Special Repeats.</i>	<i>Yearly Repeats.</i>
1964	168	—	—
1965	1,783	82	—
1966	1,163	71	1,258

Positives.

	<i>First Smears.</i>	<i>Special Repeats.</i>	<i>Yearly Repeats.</i>	<i>Total Positives.</i>
Clinic ...	15	2	1	18

The positive rate found in women who were examined for the first time was 12.89 per 1,000.

Domiciliary.

by MISS D. M. CLEWES, *Supervisor of Home Nurses.*

Derby can justly feel very proud for being the first Authority to provide a domiciliary Cytology Service. The number of smears taken during the year prove that the women continue to be interested, and wish to take advantage of the Service.

There is certainly an awakened concern for the early detection of cancer of the cervix. So much so, that due to the requests of women employed in some factories, the medical officers have written requesting that the Service should be available to these women at the factory surgery.

The request was not made in vain. In fact it is a most satisfactory logical arrangement: for the woman is not away from her work for more than approximately fifteen minutes.

The nurse works under ideal conditions, and of course many more smears are taken in three to four hours than a nurse would normally take were she visiting the women at home.

The nursing staff at the factories have been most helpful, it is they who have got the cards of consent signed, and have arranged a timetable for the women to attend the surgery, also they have helped with the sterilising of the equipment. This opportunity must not be missed for expressing appreciation for the help given by the Medical Officers and nursing staff of these factories. To show the value of the work, of 113 women who had first smears taken, one was positive.

Several Medical Officers of Health from other areas have written for information concerning the costs of the Service, and have in some instances arranged for their nursing officer to come to Derby to see how the Service is conducted. This has meant spending some time with the Home Nurse when taking the smear, and a short time in the office looking into the record system.

1966 Statistics.

		<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>
Domiciliary	...	753	43	572
Factories...	...	113	—	—
Hospital Staff	...	91	—	—

Positives.

		<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>	<i>Total Positives</i>
Domiciliary	...	8	4	—	12
Factories...	...	1	—	—	1
Hospital Staff	...	—	—	—	—

The positive rate found in women who were examined for the first time at home was 10.62 per 1,000.

OCCUPATIONAL THERAPY

Report by MRS. E. M. BENTLEY, *Senior Occupational Therapist.*

Although there were no outstanding events in connection with the Occupational Therapy Unit during 1966, steady consistent all round activity continued. The services of Mrs. Bramley, Occupational Therapist, were missed when she left to join the staff of the Derby School of Occupational Therapy. This, of course, unavoidably resulted in the reduction in the number of home visits, also the number of patients attending the unit declined. As it is impossible by its very nature to spread Occupational Therapy thinly over a large number of patients, treatment must be intensive and continuous and until it is possible to obtain a replacement it must be accepted that the work of the department cannot be expanded. From the patients' point of view

the most successful event of the year was the bus outing to the Peak District, 42 patients were taken on this trip and as before refreshments were prepared at the Unit to keep the cost down. The patients were greatly appreciative of the grant which the Health Committee made towards the cost of the outing. A Christmas Party for patients was held in Regent Street Hall in conjunction with the Chiropody Service, also a visit to Derby Pantomime was arranged which 26 patients attended. Our thanks are due to members of Derby Round Table for providing transport to and from both these events, also Christmas parcels were sent to several of our needy patients. Our thanks also to Red Cross Voluntary Services for their continuous help in the Occupational Therapy Unit.

An interesting case was referred to this department by Dr. Masterson. It was that of a youth aged sixteen suffering from a severe head injury also slight paralysis with some spasticity on the left side of the body and slowness in fine movement of the left hand. After treatment in hospital he was transferred to Etwall Rehabilitation Centre and later sent to the Industrial Rehabilitation Unit at Long Eaton for assessment; as a result it was decided by Dr. Cochrane to give a more extensive course of Occupational Therapy, he commenced treatment on 18th April, 1966, at the Occupational Therapy Unit in Stafford Street. He was given cardboard boxes to assemble and a month later his fine movements were much improved, but still extremely slow. There was also a slight improvement in his ability to concentrate, but this was only for short periods. In an effort to follow up the treatment at the centre, work was given him to be done at home but this was performed in an unsatisfactory manner. Clearly no effort had been put into it and it was more than obvious that only constant supervision would evoke some reasonable response. After further intensive therapy his condition improved and in August he was able to obtain full employment at International Combustion.

On Tuesday, 5th July, 1966, Miss Robinson of Ivy House, Mrs. Bramley and myself visited the Chantry School for Spastic Children to see a demonstration of a prototype aid to enable severely handicapped persons to use a typewriter. The aid, which is a separate unit from the typewriter had been devised and developed by an electronic scientist at Sheffield University in collaboration with Mr. Fortisque, Headmaster of the Chantry School. The adaptation consists of a keyboard which is separate from the typewriter keyboard, but when the keys, the top of which are recessed $\frac{1}{8}$ " to eliminate mistakes by the patient's inco-ordinate movement, are depressed they transmit electrical impulses to the appropriate keys on the typewriter which are thus actuated. Because of the uncontrolled movement of the spastic patient a system has been devised to ensure that no matter how many times a key is depressed successfully the corresponding key on the typewriter will be actuated only once. Another precaution to eliminate mistakes caused by the inability of the patient to strike only one key at a time is a built-in delay of $1\frac{1}{2}$ seconds before another key can be actuated after its predecessor has been depressed. The length of this time lag can be adjusted to the ability of the individual patient. Electrically it has been proved perfectly safe, as it has been designed to work on a very low voltage the aid could be used in connection with an ordinary typewriter. The operator was a severely handicapped boy, an athetoid spastic, but in spite of this he was able to manage the typewriter successfully.

Number of patients on register	...	...	...	...	...	63
Number of patients attending Occupational Therapy Unit	...	...	...	...	...	17
Number of home visits	...	...	...	...	...	1,545
Number of patients returned to full employment	...	...	...	...	...	4
Number of patients returned to part-time employment	...	...	...	...	...	2
Number of patients referred for training at the Industrial Rehabilitation Unit	...	...	...	...	...	1
Number of patients transferred to the Welfare Department	...	...	...	...	...	6
Mentally subnormal patients taken off register	...	...	...	...	...	4
Patients transferred to County	...	...	...	...	...	1
Patients transferred to Derbyshire Royal Infirmary Spastic School	...	...	...	...	...	1
Patients referred to home teaching	...	...	...	...	...	1
Patients having treatment at Manor Hospital	...	...	...	...	...	1

There are three patients now ready for training at the Industrial Rehabilitation Unit, these patients have been helped considerably with the co-operation of the Medical Social Services.

BOULTON CHIROPODY CLINIC

by MRS. A. E. GREATOREX, *Chiropodist*.

This Clinic has been fully booked during the year, most patients having an appointment every eight weeks.

We also had a waiting list.

There were few cancellations during the year, due to the mild weather.

Six handicapped patients who received chiropody treatment were suffering from Parkinson's Disease, Rheumatoid Arthritis, Talipes, Equinus-Calcareus and Spastic; the latter being a schoolgirl, fifteen years of age.

Twelve Diabetics and six Blind persons received treatment.

Sixty patients were sent to the Clinic by their own doctors, of these twenty used the Ambulance Service.

The Chiropody Service has been very stimulating, particularly to the elderly. I have noticed a marked improvement amongst my patients, their friendly manner, interest in appearance, surroundings, and their will to remain independent. Quoting two of my many patients, Mrs. K., aged 90, clean, neat and tidy, attends to all her own requirements, lives alone. Always punctual for her appointments and is a fee paying patient. A short time ago she came to the Clinic at 8.30 a.m. hoping to get her chiropody treatment a little earlier, as she was expecting that rare person the chimney sweep that day, and did not want to miss her foot appointment.

Mrs. B., crippled with Arthritis asked me if she should discontinue her home help, as since she had received chiropody treatment she was getting about better and felt she could manage her own housework again.

RYKNELD CLINIC CHIROPODY REPORT

by MRS. E. MULLINEUX, *Chiropodist*.

Rykneld Chiropody service has proved to be in great demand amongst the elderly citizens during the past year. Many of these people live alone, or their relatives never visit them, so there is no-one whom they could ask to cut their toe-nails. Others have arthritis and other deformities which make it virtually impossible for them to do anything for themselves, even to bending down to wash their own feet. Many are brought by ambulance to the clinic.

Geriatric Chiropody is mainly palliative, and of urgent need as in the case of four blind patients who were treated at this Clinic.

Of the nine handicapped persons treated, three were sent by the Mental Welfare Department, one from the Chest Clinic, one had Muscular Dystrophy, two had industrial injuries, one was a widow with several young children and the other had Osteo-arthritis of the hip.

There were also the special needs of the diabetic, of which there were six in number. These patients were fully aware of the care they must take in cleanliness, and sought professional advice on their foot problems.

Of the two expectant mothers treated at the Centre in the advanced stages of pregnancy, the main problem was the stress and strain of excess weight on their feet at this time.

**TABLE SHOWING NUMBER OF PERSONS WHO HAVE RECEIVED
CHIROPODY TREATMENT DURING 1966.**

CENTRE	MALE OVER 65		FEMALE OVER 60		EXPECTANT MOTHERS		HANDICAPPED	
	Patients	Treat- ments	Patients	Treat- ments	Patients	Treat- ments	Patients	Treat- ments
RYKNELD ..	78	318	293	1293	2	5	9	27
BOULTON ..	67	332	254	1329	—	—	6	22
TOTALS ..	145	650	547	2622	2	5	15	49

Home Help Service.

Report by Mrs E. C. Baker, Supervisor.

During the year 1966 there were 1,208 new and existing cases compared with 1,270 in 1965 and 1,165 cases were dealt with compared with 1,198 last year.

Details are as follows:—

	No. of applications received.	No. of cases attended.	Assessed at		No. of applications withdrawn.	Assessed at	
			Full Fee.	Reduced Fee.		Full Fee.	Reduced Fee.
Home Helps—Maternity ...	7	5	4	1	2	1	1
Domestic Helps—							
Illness	95	86	24	62	9	3	6
Tuberculosis	7	7	—	7	—	—	—
Aged and Blind ...	1099	1067	74	993	32	6	26
TOTAL	1208	1165	102	1063	43	10	33

The detailed comparison for the years 1961–1966 is as follows:—

Year.	Applications Received (inc. old cases).	Applications Withdrawn.	Full Fee Charged.	Reduced Fee Charged.	Home Helps Employed.	Attendances Made.
1961	936	27	122	787	107	27,081
1962	956	23	120	813	109	26,700
1963	1,103	35	145	923	115	29,657
1964	1,160	41	186	933	130	33,169
1965	1,270	72	200	998	138	33,733
1966	1,208	43	102	1,063	133	31,713

The number of three-hourly attendances made by the Home Helps during the year was 31,713, and 1,230 visits were made by the Supervisor and 1,041 by the Assistant.

During the year there were 471 applications made from the following sources:—

Doctors	...	...	...	...	...	38
Hospitals	...	...	...	...	...	57
Ministry of Social Security	...	...	...	...	...	57
Welfare	...	...	...	...	...	67
Mental Welfare	...	...	...	...	...	4
Social Welfare Service	...	...	...	...	...	10
Health Visitors	...	...	...	...	...	20
Housing	...	...	...	...	...	4
General Public	...	...	...	...	...	192
Blind Welfare	...	...	...	...	...	10
Home Nursing Service	...	...	...	...	...	12

471

Below are brief examples of the type of cases we deal with:—

1.—This is a case of a badly crippled woman, living alone, and unable to do much housework for herself.

A home help is sent in weekly to keep her home in as tidy a condition as possible under the circumstances.

2.—Although this woman is only in her early 40's she is crippled with arthritis, she has six children all under the age of 14 years. Added to this her husband has deserted her.

A home help has been sent in weekly to relieve her of the heavier work of the house.

3.—This woman was in her late thirties, and returned home after a major operation to find her husband had left her, leaving a young family for her to cope with.

Help was given for three months, which enabled her to recuperate. She is now able to run her home and look after the children herself.

4.—An old lady returned home from the Manor Hospital, her home in need of attention. A home help is attending weekly in an endeavour to keep this O.A.P.'s home in a reasonable, and also comfortable condition.

Every year it is noted the similarity of problems connected with O.A.P.'s where there is no family it is understandable that these people are lonely, and need home help and all facilities available, but where O.A.P.'s have families, in some cases at least three married daughters, one would expect a greater sense of understanding and help than is very often shown. The lack of unity in family life today is a problem in itself.

We have not been in a position through financial reasons to maintain a weekly service to quite a number of cases, but have tried to use discretion, and cover the cases which are most urgent; *i.e.* hospital discharge, and the chronic sick.

Other cases less urgent have been visited, and discretion used to ascertain which cases could manage during this shortage with a home help once fortnightly.

People have been found to be most understanding in the circumstances, and few complaints have been received. The service therefore continues to run smoothly and efficiently.

Cremation.

During the year 3,039 cremations were carried out. Of this figure 2,060 were in respect of non-borough residents.

Epileptics and Spastics.

Incidence :—

YEAR.	EPILEPTICS.		SPASTICS.	
	Male.	Female.	Male.	Female.
1956	—	—	1	—
1957	2	3	—	—
1958	1	—	—	1
1959	1	1	1	7
1960	—	1	1	1
1961	3	1	3	2
1962	3	5	1	2
1963	10	4	3	4
1964	5	2	3	5
1965	10	4	9	2
1966	13	9	3	1
Total number of cases in the Borough (age 0—15 years) known to the Medical Officer of Health at 31/12/66..	45	18	18	16

Spastics.

Blind spastic	...	...	...	...	1 female.
Maintained in Colonies and Special Homes	2 males, 1 female

Epileptics.

Maintained in colonies	2 males, 3 females.
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Maintained in Part III accommodation provided by the Council	5 males, 2 females.
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Briefly, the facilities available under the local health services for the area are as follows:—

Diagnosis, treatment and assessment are available from general practitioners and hospitals. Children under 15 automatically come to the notice of the School Health Service, and this Service maintains close supervision over the cases and, where necessary, contacts general practitioners and the hospitals in cases of difficulty. Furthermore, there is a local arrangement whereby the School Health Service contacts the Welfare Department at least 12 months before the child reaches the age of 16 years, so that the Welfare Department is brought into the picture at an early age. Responsibility for the liaison between the School Health Service and the Welfare Department has been given to the Senior School Medical Officer, and this arrangement appears to be working quite satisfactorily. The main difficulty with the spastics lies in accommodation, and at the time of writing plans are afoot to see whether a small unit can be provided for those spastic children capable of benefiting from treatment and education.

There is excellent co-operation between the School Health Service and the pediatric services of the hospitals.

Blind Welfare.

The following information is supplied by Mr. L. W. Horton, Chief Executive Officer, Welfare Department.

Number of blind persons on register at 31-12-65	...	...	...	304
New patients added to register during 1966	...	...	...	32
Transfers into the Borough from other areas	...	...	...	5
Number of blind persons reported as having died	...	...	...	26
Transfers out of the Borough to other areas	...	...	...	6
Transfer from Blind to Partially Sighted Register	...	...	...	—
De-certified	...	...	...	—
Number of blind persons on register at 31-12-66	...	...	...	309
Number of children of school age included in above	...	...	...	8
Number of partially sighted persons on register at 31-12-66	...	...	...	74

Details of blind persons on register at 31/12/66 are as follows:—

Age Periods of Registered Blind Persons.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	1	4	1	5	4	4	11	10	10	64	114
F.	—	—	—	—	—	3	—	1	3	1	6	22	13	21	125	195
TOTAL	—	—	—	—	—	4	4	2	8	5	10	33	23	31	189	309

Age at Onset of Blindness.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Un-known	Total.
M.	11	—	1	—	—	5	3	4	5	5	10	13	9	9	39	—	114
F.	13	—	—	—	—	6	3	1	2	4	13	27	19	22	84	1	195
TOTAL	24	—	1	—	—	11	6	5	7	9	23	40	28	31	123	1	309

Children, Age under 16.

	Under 2.		Age 2—4.				Age 5—15.								TOTAL.	
	Resident in /at		Educable.		In- educable.		Educable.				Ineducable.					
	Sunshine or Residential Homes.	Home or Elsewhere.	Attending Nursery Schools or in Residential Homes.	At Home or Elsewhere.	In Mental Hospitals or M.D. Institutions.	At Home or Elsewhere.	Blind but no other Defects.	Blind with no other Defects.	Blind but no other Defects.	Blind with other Defects.	Not at School.	In Mental Hospitals or M.D. Institutions.		At Home or elsewhere.		
												Blind.	Blind with multiple Defects.	Blind.		Blind with multiple Defects.
M.	—	—	—	—	—	—	3	—	—	1	—	—	—	1	5	
F.	—	—	—	—	—	—	—	1	1	—	—	—	—	1	3	
TOTAL	—	—	—	—	—	—	3	1	1	1	—	—	—	2	8	

Education, Training and Employment. Age Periods, 16 years and upwards.

	Employed.					Under- going Training.	Unemployed.								(n)	(o)		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	GRAND TOTAL.	No. of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (m)			
	In Workshops for the Blind.	As Approved Home Workers.	All Others not included in either (a) or (b).	TOTAL EMPLOYED.	No. of Women over 60 and Men over 65 who are employed included in (d).	For Sheltered Employment.	For Open Employment.	Trained but unem- ployed.	No Training but Trainable	No Training	Not available for employment.	Not Capable of Work.	Not Employed over 65.					
M.	2	—	12	14	—	—	—	—	—	1	—	—	2	9	9	74	109	14
F.	—	—	4	4	—	—	1	—	—	—	—	—	—	23	18	146	192	4
TOTAL	2	—	16	18	—	—	1	—	—	1	—	—	2	32	27	220	301	18

Occupations of Employed Blind Persons.

	<i>Mat Makers & Chair Seaters and Basket Makers.</i>	<i>Clerks and Typists</i>	<i>Newsagent.</i>	<i>Factory Operatives.</i>	<i>Massage and Physio-Therapy</i>	<i>Hawkers.</i>	<i>Piano Tuners.</i>	<i>Packers.</i>	<i>Telephone Operators.</i>	<i>Other Open Employment.</i>	<i>Gardener.</i>	<i>Miscellaneous</i>	<i>TOTAL.</i>
Within Workshops for the Blind	2	—	—	—	—	—	—	—	—	—	—	—	2
In Approved Home Workers Schemes	—	—	—	—	—	—	—	—	—	—	—	—	—
Others not Parttime Workers ...	—	3	1	2	—	1	—	—	1	6	—	2	16
TOTAL	2	3	1	2	—	1	—	—	1	6	—	2	18

Physically and Mentally Defective and Mentally Disordered—All Ages.

	(a)	(b)	(c)	(d)	(e)	(f)	Not included in (a) to (f) but combination of :—					<i>TOTAL.</i>
	<i>Mentally ill.</i>	<i>Mentally Sub-Normal.</i>	<i>Physically Defective.</i>	<i>Deaf without Speech.</i>	<i>Deaf with Speech.</i>	<i>Hard of Hearing.</i>	(b),(c) and (f)	(c) and (e)	(a) and (e)	(a) and (f)	(b) and (c)	
M. ...	1	3	6	1	1	9	—	—	—	1	1	23
F. ...	3	7	12	—	3	13	1	1	—	1	—	41
TOTAL ...	4	10	18	1	4	22	1	1	—	2	1	64

Blind Persons age 16 and upwards—resident in

	<i>Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21</i>		<i>Other Residential Homes.</i>	<i>Mental Hospitals.</i>	<i>Mental Deficiency Institutions</i>	<i>Chronic Wards of Hospitals.</i>	TOTAL
	<i>Homes for the Blind.</i>	<i>Other Homes.</i>					
M. ..	9	2	—	2	—	2	15
F. ..	12	4	6	5	—	5	32
TOTAL ..	21	6	6	7	—	7	47

Miscellaneous Information—Number of

Social Centres	1
Handicraft Classes	1
Special Classes and Socials for the Deaf-Blind ...	—
Persons newly employed in open industry during the year	2
Persons discharged from open industry during the year	—
St. Dunstan's	3

Blind Persons Registered as New Cases (not transfers) during the Year —Age at Date of Registration.

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	1	1	—	—	—	1	—	1	—	11	15
F.	—	—	—	—	—	—	—	—	—	—	—	2	—	2	13	17
TOTAL	—	—	—	—	—	1	1	—	—	—	1	2	1	2	24	32

**Blind Persons Registered as New Cases (not transfers) during the Year—
Age at Onset of Blindness.**

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total
M.	1	—	—	—	—	1	—	—	—	—	1	2	—	1	9	15
F.	—	—	—	—	—	—	—	—	—	—	—	2	1	3	11	17
TOTAL	1	—	—	—	—	1	—	—	—	—	1	4	1	4	20	32

The Local Authority employs a Supervisor, two Social Welfare Officers for the Visually Handicapped holding the qualification of the College of Teachers of the Blind, and two trainee Social Welfare Officers.

Every effort is made to discover and assist any new cases of blindness. Home visiting and practical help is given to all blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the deaf-blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. For a small charge, where there is a reduced income, a home help is provided where necessary. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of dog licences and omnibus passes.

Each Tuesday and Thursday afternoon is devoted to work at the Social Centre, Rycote, Kedleston Road, where instruction is given in pastime occupations, and a game of dominoes, cards or draughts may be enjoyed.

The sitting room at the Centre is light and warm and contains a number of easy chairs. Here, with this added comfort, our older people spend many happy hours, and on Thursday afternoons taped news readings are given. An instruction class in Old Tyme Dancing is held on Thursdays, along with other social and group activities.

Teaching of the following subjects and handicrafts is carried out by the staff: Braille reading and writing, Moon reading, sea-grass seating, cane seating, rug making, hand knitting, bead work, straw plait work, string bag making, etc.

Theatre parties and amateur shows are arranged throughout the year. Motor coach outings are arranged throughout the summer. The two most important events of the year are the annual outing and Christmas dinner party, which are provided by the Local Authority.

Provision is also made for an annual handicapped persons' holiday of one week, which is taken collectively and under the supervision of the Welfare staff. In this way much pleasure has been given to many people who would otherwise never have left their home town, and as more than half the cost is borne by the Welfare Committee, the charge is definitely within the reach of all concerned.

Another additional service for the blind takes the form of a fortnightly Chiropody Clinic, which is held at our Social Centre on the chosen days from 9.00 a.m. to 5.00 p.m. The Chiropodist attending allows approximately half an hour for each patient, and the sessions are always fully booked. We are grateful to him for only making a charge of 3s. 6d. per person which covers any treatment that may be considered necessary at the time of appointment.

Registration of blind persons is carried out in conjunction with the Ophthalmologists, which is in accordance with the Ministry of Health requirements, Form B.D. 8 being completed in all cases. In the case of bedridden patients, and others so physically handicapped as to be unable to attend in person, arrangements are made for the Ophthalmologists to visit them in their homes.

The same services are available to persons on the Register of the Partially-Sighted, particularly to those who are considered by the Ophthalmologist to be likely to go blind. Others, whom it is considered appropriate, are included in the provision of Welfare services for the Physically Handicapped.

Low Visual Aids are now available through the Eye Department of the Derbyshire Royal Infirmary and are proving of great value to a number of persons with certain types of visual defect.

A selection of novels, some suitable for children, which are printed specially for people with poor vision in larger than normal type, are now available for loan through the normal library services of the Corporation.

The many demands in the field of Blind Welfare seem to be ever increasing and some of our duties must be left with seemingly insufficient attention, but we are, nevertheless, happy to report that despite the many office and routine tasks which must be carried out, we were able to make a large number of visits, to blind persons in their homes, and in various hospitals and Homes.

We are grateful to all who have assisted during the year by bringing to our notice people with severe sight defects and wish to point out that we are not only interested in those who are in financial difficulties through their disability. There are many ways in which our knowledge can assist those whose sight has failed or is failing and we are always glad to hear of them. Registration as a blind or partially-sighted person is, of course, quite voluntary.

Follow-up of Registered Blind and Partially Sighted Cases.

(i) Number of cases registered during the year in respect of which para 7 (c) of Forms B.D.8 recommends:—	Cause of Disability.			
	<i>Cataract.</i>	<i>Glaucoma.</i>	<i>Retrolental Fibroplasia.</i>	<i>Other.</i>
(a) No treatment:—22	5	2	—	15
(b) Treatment (medical, surgical or optical):—19	8	5	—	6
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment—17	6	4	—	7

AMBULANCE SERVICE.

Use of Service.

There has been a 27.9% increase in the number of cases carried compared with 1965 and this has resulted in a 13.2% increase in mileage.

Vehicles.

The authorised fleet is now five ambulances, eight dual purpose.

Personnel.

The staff is now one Superintendent, five shift leaders and 32 ambulance drivers.

Patients Carried.

			<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>	<i>Total.</i>
Emergency calls	...	...	1,954	504	2,458
Other cases	...	...	29,952	52,433	82,385
			<u>31,906</u>	<u>52,937</u>	<u>84,843</u>

Mileage.

			<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>	<i>Total.</i>
With patients	...	...	78,816	142,550	221,366
Midwifery apparatus	...	...	1	2	3
Other journeys	...	...	2,104	3,216	5,320
			<u>80,921</u>	<u>145,768</u>	<u>226,689</u>

Co-operation, etc.

I am glad to place on record again my appreciation of the valuable assistance of members of the British Red Cross Society and St. John Ambulance Association, acting as escorts for some of the long-distance journeys by public transport.

Ready co-operation and help have also been given by hospitals, doctors, other ambulance authorities, and the staff of British Rail.

PUBLIC SWIMMING BATHS

Report by MR. N. G. RUSHTON, *General Manager*.

Derby Swimming and Bathing requirements are fairly well catered for, although in recent years statistics show an increasing demand for this form of recreation. The facilities at present are two bathing establishments.

Reginald Street Baths—built 1908, comprising:—

1. Swimming bath, 100 ft. by 30 ft.
2. Turkish and vapour bath.
3. 36 slipper baths.
4. Establishment laundry.

Queen Street Baths—built 1932, comprising:—

1. Gala swimming bath, 100 ft. by 40 ft.
2. Family swimming bath, 100 ft. by 32 ft.
3. Teaching swimming bath, 60 ft. by 24 ft.
4. Finnish Sauna bath.
5. 36 Slipper baths.
6. Establishment laundry.

The Swimming bath water is a blend of Derwent Valley and Little Eaton supplied by the South Derbyshire Water Board.

In both Establishments the bath water is filtered and sterilized at least every four hours. Purification and sterilization are obtained by automatic control of dosing with the necessary chemicals, *i.e.* liquid chlorine, sodium bicarbonate and aluminium sulphate, and the water in all pools is kept in a clear sparkling condition.

To ensure the pool water is chemically safe, samples are taken every two hours and are analysed by trained operators for:—

1. chlorine residual.
2. Ph value.
3. Bi-carbonate alkalinity.

“Breakpoint” chlorination is constantly maintained ensuring the immediate extermination of all bacteria, together with clear sparkling and attractive water and odour free bath halls.

X.—SANITARY CIRCUMSTANCES AND FOOD INSPECTION.

By MR. R. DAVIES, *Chief Public Health Inspector.*

GENERAL

Nineteen sixty six, as in previous years, was not one of spectacular or outstanding achievement, but rather of steady consolidation and continuous concentration on the constant struggle against squalid living conditions, unclean and unsound food, polluted air, etc. The seemingly inevitable chronic shortage of Public Health Inspectors remains an insoluble problem which has a serious cumulative restricting effect on the work of the Department. Nevertheless, every effort was made to cover all the varied aspects of the duties of the Department within the limits of available staff as will be seen from the details of this report.

The pace of the slum clearance programme was maintained during the year, though with some difficulty, and it is hoped that with all available forces being concentrated on the clearance of the large Castle Ward area, this pace will be somewhat accelerated in the forthcoming year. Having embarked on the second half of our current ten year slum clearance programme, it is envisaged that the time is now ripe to look beyond the existing scheduled programme and to carry out further survey of properties which may well be included in our extended clearance programme for the next ten to fifteen years.

It is reasonable and desirable that the improvement of substandard houses which, although lacking in amenities but not yet ready for demolition should be pursued and the whole concept be integrated as a logical extension into the present housing programme. Compulsory improvement action was therefore commenced during the year in an area of over 200 houses. The administrative work involved is somewhat cumbersome and slow moving, but it is anticipated that with this start having been made, the lessons learned therefrom will enable the department to accelerate the improvement programme in the coming year.

Houses in multi-occupation continued to receive full-time attention from our limited available staff, and our experience as far as it goes would indicate very little really squalid conditions and a very low proportion of seriously overcrowded houses. These multi-occupied properties are generally of the larger sized terraced type house which are invariably found to be lacking in some of the amenities listed in Section 15 of the Housing Act, 1961. In these cases, usually immigrant owner occupiers, an informal approach is made and a choice given of either providing additional amenities or having a lower fixed limit. This method seems to work well and saves time. It is apparent, however, that the question of enforcing limits applied is not an easy one and the fact that 21 prosecutions had to be taken out during the year for various infringements would indicate that firm measures are necessary to keep the whole position under reasonable control.

The standards of meat and food inspection, despite staff difficulties, were maintained. The inability, however, to get the food hygiene message (as also to some extent air pollution) across to the public is, I feel, one of the more serious failures of our environmental health service. Tremendous improvement in premises, in terms of equipment and structure, has been made in the last decade, but regrettably there has been no comparable advance in food handling methods and hygiene. Investigation has shown that the basic principles of hygiene are well-known, but not practised. One is, therefore, forced to ask, why? There seems to be an urgent need for more intensive food hygiene propaganda and publicity at national level to supplement local authority efforts. I would suggest, too, that more emphasis should be laid during the last two years at school or college of children and students on the significance and implications of food hygiene, together with a thorough grounding of community hygiene. Again, television, radio and the cinema should all be used as media to "brainwash" the public with the message that clean food is safer food. It is not enough to rely entirely on public health officials to achieve the highest hygienic standards—the public for its part must relinquish its apparent apathy and indifference and demand that its food supply shall be clean and handled only under scrupulously hygienic conditions. The cynic who stated that, "the public gets the food hygiene and the Government it deserves", was expressing an opinion, which, although "touching on the raw" is nevertheless uncomfortably near the truth.

Towards the end of the year the long awaited Food Hygiene Regulations relating to Markets, Stalls and Delivery Vehicles came into being but before they actually came into operation amendment regulations in respect of delivery vehicles were issued by the Ministry which widened the scope of the Regulations to include all such vehicles with the exception of those coming within certain specific exemptions. These Regulations are obviously a considerable step forward in dealing with the food hygiene problem of open air and mobile loading, and public health inspectors have a long and uphill task in getting the message across to the traders concerned. Meetings were held with various associations of the food trade affected, when the legislation was explained and problems discussed and although some of the requirements were not altogether welcomed with enthusiasm it was generally accepted, nevertheless, that they were necessary and desirable. This direct method of contact with the various branches of the food trade is yet another example of the important educational work which public health inspectors have to carry out as routine part of their daily duties.

It is recognised now that domestic chimneys are the most important source of smoke at ground level, and if the whole concept of clean air is to be taken seriously in this country, still greater effort will have to be exerted if this end is to be attained. The target date of 1978 for the complete smoke control of Derby is within the bounds of realisation, if all circumstances, especially financial, are favourably disposed. But with the possibility of another 25,000 houses to be dealt with, if and when the proposed Borough extension comes into being, then there will need to be an intensive all-out effort by the staff, together with the necessary financial support and enthusiasm of the Local Authority if this target is to be ultimately achieved on time. Only when a whole town is smoke controlled do the full benefits accrue. Control of air pollution is like control of infectious disease—it can only be achieved for the whole community, not for the chosen individual. Smoke control is, I feel, considerably hampered by the complex statutory and ad-

ministrative procedures imposed upon local authorities by the Clean Air Act and a radical reform is certainly called for. When grant is involved, documents have to be served on each householder and at least two visits made to the house, in addition to the documentation required by the Ministry, the Health and Finance Committee, the Treasurer, Auditor, etc.

Despite some optimism in respect of domestic control, there still remain, however, one or two serious unresolved problems in the field of industrial pollution control. A vast amount of technological research and experimentation is being carried out by the Ministry's Alkali, etc., Inspectorate on these difficult issues and an ultimate solution will no doubt be found eventually.

The Noise Abatement Act has resulted in a virtually new field of nuisance work being created for the public health inspector. The assessment, however, of a noise nuisance generally, proves more difficult than that of other nuisances with which the public health inspector has to deal because to a large extent its effects are dependent on the character, age, psychological nature and environment of the person affected by it. One person's reaction to a noise may be entirely different from the person next door. Noise will, no doubt, become an increasing part of the public health inspector's duties and methods of assessment of nuisance will have to change with varying environment. The existing law is not really specific insofar as it does not lay down defined maximum noise levels, etc., for specific circumstances, but it can be argued, on the other hand, that the more ambiguous the law, the more authority is given to the inspector enforcing it, since the question of statutory nuisance then rests upon his opinion.

Two successful convictions for noise nuisance were achieved at the local Magistrate's Court during the year, and in one case, the Magistrates themselves were sufficiently interested in the facts of the complaint as to visit the site of the complaint before making decision.

Enforcement of the Offices, Shops and Railway Premises Act continued steadily throughout the year, concentration being made on the completion of the initial inspection of all registered premises and it is to be noted that the nature of the problems and contraventions found follow very closely the pattern of those already reported more fully in last year's report.

Indications are that some degree of compliance with requirements has already been attained and it is anticipated that further re-inspections will reveal that good progress is being made in this new important field of our work.

An increasing number of complaints was received during the year relating to the fouling and damage by wild pigeons. This is a growing problem and a cause for some concern. These pigeons foul the streets and footpaths and deface property with their droppings; they peck away at the fabric of buildings often causing considerable damage. In addition to this physical aspect, there is a potential hazard from pigeon droppings from which the psittacosis virus has been recovered as well as other harmful bacteria. Unfortunately, good intentioned but quite misguided people help to create this nuisance by indiscriminately feeding the birds, often near places where they are of greatest potential nuisance, such as cafes, kiosks, restaurants, markets, etc. Obviously sentiment must not be allowed to override reason and common sense and further health education is needed to get the full co-operation of the public in eliminating the nuisance and possible health hazard from this source.

I would express my thanks to the Chairman and members of the Health Committee, and also to all members of the staff, both technical and clerical, and especially to the senior inspectors for the information and their assistance in the preparation of this report.

HOUSING.

House Purchase and Housing Act, 1959.

Improvement Grants.

271 Applications for Standard Grants and were received during the year; this is approximately the same as during the previous years for Standard Grants. An encouraging feature is that once again a large proportion of the Standard Grant applications were in respect of tenanted dwellings.

Standard Grants.

1. No. of applications:—
 - (a) Owner-Occupier 178. Approved 135, Rejected 11.
 - (b) Tenanted Houses 93. Approved 89, Rejected —.
2. No. of dwellings improved:—
 - (a) Owner-Occupier 151.
 - (b) Tenanted houses 79.
3. Amount paid in grants £24,821 3s. 6d.
4. Average grant per dwelling £107 18s. 4d.
5. Amenities provided:—

(a) Fixed bath	199
(b) Shower	—
(c) Wash hand basin	220
(d) Hot water to any fittings	219
(e) Water closets (1) within the dwelling	230
(2) accessible from the dwelling	—
(f) Food store	217

Discretionary Grants.

1. No. of applications approved —.
2. No. of applications refused —.
3. Amount paid in grants — £2,915 13s. 6d.
Average grant per house — £364 9s. 2d.
4. No. of dwellings improved
 - (a) Owner-occupied —.
 - (b) Tenanted 8.

Circular No. 54/55 of Ministry of Housing and Local Government. Advice to Intending House Purchasers.

As a result of the above circular and official notices in the local press, 1,607 enquiries were made during the year by persons seeking information as to whether particular houses would be included in Slum Clearance Schemes.

Housing Act, 1957.**Beyond Repair (Individual Houses).**

Number of undertakings accepted (Section 16)	...	...	...	...	2
Number of closing orders made (Section 17)	...	...	...	...	7
Number of demolition orders made (Section 17)	...	...	...	...	14
Number of closing orders made (Section 18)	...	...	...	...	4
Number of houses demolished following demolition orders	...	...	...	...	91
Number of people displaced (a) individuals	...	...	...	...	82
(b) families	...	...	...	...	28

Clearance Areas.

Represented during year---

1. Number of areas	...	...	...	...	10
2. Houses unfit for human habitation	...	...	...	...	261
3. Houses included by reason of bad arrangement, etc.	...	...	...	...	8
4. Houses on land acquired under Section 43 (2)	...	...	...	...	2
5. Numbers of people to be displaced	...	...	...	...	731

Action taken during the year---

1. Houses demolished by local authorities or owners					
	(a) unfit	...	...	...	242
	(b) others	...	...	...	22
2. Numbers of people displaced	(a) individuals	...	...	...	397
	(b) families	...	...	...	133

Housing Act, 1964.**Improvement Areas.**

Number of areas surveyed	...	...	...	...	...	...	...	1
Number of areas declared	...	...	...	...	...	...	...	1
Number of houses to be improved (full standard)	...	...	...	...	...	...	...	62

Dwellings outside Improvement Areas.

1. Number of representations made by tenants	...	...	...	...	8
2. „ „ preliminary notices served	...	...	...	...	8
3. „ „ undertakings accepted	...	...	...	...	1
4. „ „ immediate improvement notices served	...	...	...	...	7
5. „ „ such dwellings improved (a) full standard	...	...	...	...	8
	(b) reduced standard	...	...	...	—

Rent Act, 1957.**Applications for Certificate of Disrepair.**

1. Number of applications	...	...	...	...	...	...	1
2. „ „ decisions not to issue certificate	...	...	...	...	...	...	—
3. „ „ certificates issued	...	...	...	...	...	...	1
4. „ „ undertakings given by landlords under paragraph 5, first schedule	...	...	...	...	...	...	—
5. „ „ undertakings refused by local authority	...	...	...	...	...	...	—

Applications for Cancellation of Certificate.

1. By landlords to local authority for cancellation	...	...	—
2. Objections by tenants to cancellation	...	...	—
3. Certificates cancelled by local authority	...	...	—

Houses in Multiple Occupation.

1. Number of houses on which notices of intention have been served for													
(a) Management Orders (Section 12)	...	...	...	2									
(b) Directions on Overcrowding (Section 19)	...	...	3										
2. Number of houses on which have been made													
(a) Management Orders	...	...	...	...	...	...	14						
(b) Directions on overcrowding	...	...	...	...	...	...	140						
3. Number of notices served													
(a) to make good neglect of proper standards of management (Section 14)	...	...	...	...	...	...	10						
(b) to require additional services or facilities (Section 15)							49						
(c) where work has been carried out in default	...	...	—								
4. Number of prosecutions since passing of Housing Act, 1961, in respect of													
(a) Management	...	...	...	...	...	...	4						
(b) Directions	...	...	...	...	...	...	24						
(c) Overcrowding (Section 90, Housing Act, 1957)	...	—											
5. Number of control orders made (Housing Act, 1964)	...	...	—								
6. Number of control orders terminated	...	...	...	...	—				
7. Details regarding separate occupancies in houses in multiple occupation—													

No. of Housee	3	3	6	12	22	22	26	18	12	5	7	4
Occupiers	2	3	4	5	6	7	8	9	10	11	12	over 12

The following information is supplied by Mr. E. H. Gregory, Housing Manager:—

Number of Dwellings provided by Derby Corporation and let on weekly tenancy.

HOUSING STATISTICS AT 31ST DECEMBER, 1966.

Within the Borough ...	...	...	11,620
Outside the Borough...	...	...	5,557

Total	..	17,177
-------	----	--------

Classification :

One Bedroom ...	...	...	1,134
Two Bedrooms	...	...	4,133
Three Bedrooms	...	...	11,726
Four Bedrooms	...	...	184

Total	...	17,177
-------	-----	--------

Number of Dwellings built in 1966 by Derby Corporation.

Within the Borough ...	...	...	64
Outside the Borough..	...	...	38

Total	...	102
-------	-----	-----

By other persons or bodies within the Borough 122

INSPECTIONS AND NOTICES.

The Department received 1,824 complaints during the year, chiefly relating to housing disrepair.

2,870 visits and inspections were made and particulars of the work that has been carried out in compliance with Preliminary and Statutory Notices under the provisions of the Public Health Act are contained in the following table :—

Dwelling Houses.

Roofs	...	...	Stripped and Reslated	...	...	...	19
			Repaired	...	...	...	64
Chimney stacks	...	...	Rebuilt	...	...	...	13
			Repaired	...	...	...	14
			Pots renewed...	...	...	...	5
Eavesgutters	...	...	Renewed	...	...	...	27
			Repaired	...	...	...	28
Rainwater pipes	...	...	Renewed	...	...	...	12
			Repaired	...	...	...	10
Walls...	...	...	Rebuilt	...	...	...	2
Plaster	...	...	Ceilings renewed	...	...	...	1
			Ceilings repaired	...	...	...	17
			Walls plastered	...	...	...	27

Doors	...	...	Renewed	...	...	...	...	...	1
			Repaired	...	...	...	...	...	3
Floors	...	...	Relaid	...	...	...	...	...	2
			Repaired	...	...	...	...	...	14
Firegrates	...	...	Renewed	...	...	...	...	...	3
			Repaired	...	...	...	...	...	2
Stairs	...	...	Repaired	...	...	...	...	...	3
Windows	...	...	Renewed	...	...	...	...	...	2
			Repaired	...	...	...	...	...	17
			Sashcords renewed	...	...	...	...	...	22
Water supply	...	...	Fittings repaired or renewed	...	...	...	...	...	3
Sinks	...	...	Renewed	...	...	...	...	...	2
Waste pipes...	...	...	Renewed	...	...	...	...	...	2
			Repaired	...	...	...	...	...	6
Drains	...	.	Reconstructed	...	...	...	...	...	8
			Repaired	...	...	...	...	...	9
			Cleansed	...	...	...	...	...	134
			Inspection chamber covers renewed	...	...	...	...	...	1
Water closets	...	...	W.C. structures repaired	...	...	...	...	...	18
			Fittings renewed	...	...	...	...	...	28
			Fittings repaired	...	...	...	...	...	23
Paving	...	...	Yard paving repaired	...	...	...	...	...	1

COMMON LODGING HOUSES.

Number on Register	...	...	...	...	...	...	...	...	3
Number of rooms registered for sleeping	...	...	...	...	...	...	...	...	38
Number of lodgers provided for	...	...	...	...	...	...	...	..	250

OFFENSIVE TRADES.

The following offensive trades are carried on in the Borough :—

Rag and Bone Dealer	...	...	...	...	4
Tripe Boiler	...	...	...	...	1

ATMOSPHERIC POLLUTION.

The Clean Air Act, 1956.

A. INDUSTRIAL.

1. Boilers.

During the year six coal fired boilers have been taken out of use completely. Several others previously using solid fuel have been converted to gas or oil. Some nineteen new boilers are known to have been installed. All the changes have been in favour of smoke reduction and the new installations have all met the requirements of the Clean Air Act.

2. *Special Processes.*

Improvements continue in the processes for which the Alkali Inspectorate are responsible. One of the major foundries has fitted a further gas washing plant to a pair of hot blast cupolas, whilst another is putting in entirely new plant to replace furnaces which in the past have led to unavoidable intermittent smoke emissions. A further foundry where oxygen enrichment is used has put in a bag filter plant.

3. *General.*

One foundry is also continuing with installations to anneal castings by gas and electrically heated furnaces. This is diminishing rapidly the usage of pulverised coal at the works—a fuel very liable to give rise to nuisance.

B. DOMESTIC.

No smoke control orders became operative during 1966, and although three new orders were made they represented little real progress. One covered the Town Centre and included some 1,015 premises but only 198 of these were dwellings. A second related to land on which some 520 Corporation dwellings are to be built and the third took in a proposed caravan site.

The Ministry of Housing and Local Government were informed a few years ago that the Borough would be smokeless by 1977. There are so far only 10,500 dwellings covered by Smoke Control Orders whereas a total of more like 20,000 is indicated to meet the programme. The main reason for the falling off has undoubtedly been the concern of some sections of the solid fuel distributive trade as to the sufficiency of certain types of solid smokeless fuel. There is now generally more confidence on this point and the situation is being influenced by the pronounced swing to gas fired appliances.

It is highly desirable to step up the rate at which domestic premises are being brought under smoke control orders, a need which becomes greater with the prospect of a further 25,000 houses being brought into the Borough.

Domestic smoke still accounts for three quarters of all the smoke produced, and, for reasons which have been clearly enunciated on previous occasions, is very much more harmful.

C. CHIMNEY HEIGHTS.

Dr. R. S. Scorer, Editor of the *International Journal of Air Pollution* has made the following comment on chimneys:

“On almost all buildings but power stations chimneys are regarded by architects as undesirable excrescences, to be hidden if possible.

“Unless combustion takes place outside the building, as in the case of all-electric flats the chimney is as important a part of the functional design as the bathrooms and windows. Its purpose is to remove pollution and if it is required that fuel shall be consumed in the building the provision for an adequate chimney must be taken care of.”

Where coal or oil are used not only can undue restriction of chimney height lead to increase in ground level pollution but also, if down-wash occurs, to rapid disfiguration and deterioration of parts of buildings themselves.

Frequently this problem arises from failure to give proper consideration to heating arrangements at the planning stage when it might be possible to incorporate a chimney so as to be much less obtrusive.

The law relating to chimneys has been strengthened by the new Building Regulations which now cover chimneys for offices, shops and residences in which larger type boilers are installed. There are still weaknesses in that additional boilers can be placed on an existing chimney, or an existing boiler replaced by a much larger one without infringing the law.

D. COAL BURNING IN SMOKE CONTROL AREAS.

A number of warning letters have been sent to people infringing smoke control orders but the Council has so far refrained from taking any prosecutions. With rare exceptions the people found burning coal are those who have no regular fuel supplier and who are buying fuel pre-packed. The local Coal Merchants Association is kept informed of the smoke control areas and its members do not deliver coal into them. The co-operation and assistance of the solid fuel trade is something which the Department values highly.

E. MEASUREMENT OF ATMOSPHERIC POLLUTION.

This work has been maintained, including the participation in the National Survey of Smoke and Sulphur pollution. Tables of results are produced as in previous years. The winter figures for the gauge at Normanton Clinic show a decrease over those for 1964—the year at the end of which the area became subject to smoke control.

The continued assistance of Mr. E. Greene and the laboratory staff at the Spondon Sewage Works laboratory is gratefully acknowledged.

Measurement of Atmospheric Pollution.

This has been continued and some results are included:—

DAILY VOLUMETRIC FILTER READINGS. RESULTS IN MICROGRAMMES PER CUBIC METRE.

1966.	AVERAGE FIGURES.					
	PEAR TREE POLICE STATION		NORMANTON CLINIC.		ROLLS-ROYCE FOUNDRY.	
	SMOKE.	SULPHUR.	SMOKE.	SULPHUR.	SMOKE.	SULPHUR.
January	155	210	76	169	194	239
February	331	335	158	250	916	836
March	167	148	55	89	137	288
April	164	179	82	117	72	1027
May	53	104	34	73	40	184
June	40	90	20	68	22	231
July	34	56	12	46	59	165
August	45	65	22	48	62	270
September	138	167	79	123	63	391
October	229	217	95	160	58	344
November	252	241	130	151	116	339
December	215	220	76	122	128	226

**COUNTY BOROUGH OF DERBY.—STANDARD DEPOSIT GAUGES FOR MEASUREMENT OF ATMOSPHERIC
POLLUTION.**

TOTAL SOLID MATTER DEPOSITED EXPRESSED TO GIVE FIGURES EQUIVALENT TO TONS PER SQUARE MILE.

	1966	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Central Bus Station	21.15	18.28	10.87	23.78	11.43	21.24	17.95	13.75	14.58	20.61	23.00	11.60
Markeaton Park	14.86	12.56	7.38	21.85	9.49	9.59	8.79	10.17	6.02	* 25.33	16.90	15.20
Technical College, Normanton Road	..	24.72	16.78	11.88	23.30	9.67	24.14	16.98	15.42	36.43	28.39	17.20	19.90
British Railways Staff College	21.12	14.4	16.59	16.54	20.29	15.86	8.61	12.15	16.30	27.60	40.20	26.20
East Midlands Gas Board, Pump House		15.91	7.91	12.34	17.08	†	15.36	16.69	10.41	20.81	20.53	25.60	15.90
Derby City Hospital	20.39	13.47	12.72	21.70	†	16.94	7.12	11.38	9.49	* 19.66	18.40	15.20
Co-operative Wholesale Society	..	26.70	22.13	12.60	20.60	20.61	16.18	31.26	15.16	28.24	16.32	25.30	18.10

† No sample.

* Inaccurate Volumes due to excessive rainfall.

**COUNTY BOROUGH OF DERBY—STANDARD DEPOSIT GAUGES FOR MEASUREMENT OF
ATMOSPHERIC POLLUTION.**

SULPHUR IN THE AIR, EXPRESSED AS SULPHATE, IN TONS PER SQUARE MILE.

	1966	Jan.	Feb.	Mar.	April	May	June.	July	Aug.	Sept.	Oct.	Nov.	Dec.
Central Bus Station	2.67	2.83	*	2.97	2.47	1.33	1.57	1.77	1.67	4.27	2.63	2.00
Markeaton Park	1.86	1.82	1.43	2.72	1.23	1.47	1.59	1.59	2.35	4.61	2.55	1.89
Technical College, Normanton Road	..	3.37	3.00	2.27	3.34	1.90	1.94	1.67	2.30	1.40	4.11	3.07	2.77
British Rail Staff College	2.54	2.90	*	2.47	3.27	1.74	2.21	2.00	1.97	3.27	3.47	2.80
East Midlands Gas Board Pump House		2.51	2.14	*	2.55	†	2.06	2.30	1.73	2.26	2.91	2.37	2.20
Derby City Hospital	1.72	†	1.59	1.95	†	0.39	1.82	1.72	2.52	3.68	1.52	2.12
Co-operative Wholesale Society	..	2.40	2.71	1.92	3.31	1.59	1.96	2.40	2.23	4.56	7.44	2.74	2.23

†—No sample.

*—Insufficient sample.

THE NOISE ABATEMENT ACT, 1960.

There has been a distinct increase in the number of people complaining about noise during 1966. Many complaints concern noisy neighbours and not a few relate to certain types of commercial premises using plant which, by its continuity, insistence and monotony often becomes a source of irritation to an immediate neighbour without being a nuisance within the terms of the Act. These complaints can be time absorbing and unrewarding.

A nuisance order was obtained during the year against a firm operating a noisy apparatus at a car wash and the equipment was eventually removed. Several ice cream vendors were warned about sounding chimes outside the permitted times and one was prosecuted and fined £5.

FACTORIES ACT, 1961.

There are 571 mechanical and 53 non-mechanical factories, including bakehouses, at present on the Register.

A summary of the particulars in compliance with Section 153 (i) of the Factories Act, 1961, is shown in the following tables.

Inspections.

The Department has carried out a limited amount of work under this Act, but the staff available does not permit of regular visiting of all factories.

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power	5	—	—
Factories with mechanical power	77	—	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)...	—	—	—
TOTAL	82	—	—

Defects Found.

Particulars	Number of Defects				Number of Prosecutions
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	23	18	—	2	—
(c) not separate for sexes... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	—	1	—	1	—
TOTAL	23	19	—	3	—

Offices, Shops and Railway Premises Act, 1963.

The year produced a fall in the number of premises registered from a total of 1,644 at the end of 1965 to 1,555 at the end of 1966. This was mainly due to premises having been incorrectly registered with the local authority when enforcement was the responsibility of H.M. Inspector of Factories. This also produced a substantial fall in the registered number of persons employed in offices mainly due to the transfer to H.M. Inspector of Factories of some large offices within the curtilage of factories.

During the year the work has been mainly concentrated on initial inspections rather than re-visits, in order to familiarise occupiers of all premises with the provisions of the Act and Regulations made under it as soon as possible. By this method we consider that compliance will be more speedily attained at the same time a general picture of conditions can be assessed and a list of premises which require special attention drawn up.

Following inspections carried out during the year, 359 letters were sent pointing out contraventions of the Act and a summary of contraventions found is appended below:—

Sanitary Accommodation	...	...	...	...	182
Washing Facilities	...	...	...	...	148
Absence of thermometers	...	...	...	...	176
First Aid Deficiencies	...	...	...	...	181
Cleanliness	...	...	...	...	37
Lighting	...	...	...	...	67
Ventilation	...	...	...	...	48
Seating Facilities	...	...	...	...	5
Heating	...	...	...	...	26
Overcrowding	...	...	...	...	3
Clothing Accommodation	...	...	...	...	44
Posting of the Abstract of the Act	...	...	...	...	272
Defective passages, floors and stairs	...	...	...	...	176
Machinery	...	...	...	...	14
Eating Facilities	...	...	...	...	2

In the report submitted for 1965, I commented in some detail on impressions formed during enforcement of some of the main provisions of the Act. I do not intend to go into such detail this year and merely state that the pattern of inspections has revealed similar problems to the ones experienced last year.

In the field of accident prevention and inspection of machinery, I feel there is need for a short course covering such items as conveyors, hoists, lifts, food machinery and mechanically operated saws to help inspectors who prior to the operation of the Act had not been called upon to express opinions on these matters. Whilst the circulars issued are of great help, practical demonstrations and lectures would be of great value in illustrating the major points to which attention should be paid.

The accidents reported during the year were mainly due to falls, and cuts received whilst using hand tools in food premises.

Opinion has been expressed by some employees and occupiers of premises that the First Aid requirements should be extended to include burn dressings.

Looking forward to the coming year, it is envisaged that all premises registered under the Act, will have received an initial inspection and that inspections will have revealed the degree of compliance attained.

SEWERAGE.

The following information is supplied by MR. W. G. PENNY,
Borough Engineer and Surveyor.

New Sewers laid during the year.

Brook Street Area:

(i) Main Re-drainage:

9" Foul	...	...	...	...	...	908 lin. yds.
27" Foul	...	...	...	...	...	376½ " "
9" Surface Water	...	...	...	...	...	160 " "
12" Surface Water	...	...	...	...	...	349 " "
15" Surface Water	...	...	...	...	...	204 " "
18" Surface Water	...	...	...	...	...	130 " "
21" Surface Water	...	...	...	...	...	192½ " "
30" Surface Water	...	...	...	...	...	237 " "

(ii) Site:

6" Foul	...	...	...	...	...	186 " "
6" Surface Water	...	...	...	...	...	322 " "
9" Surface Water	...	...	...	...	...	106 " "
12" Surface Water	...	...	...	...	...	19 " "

Eastern Interecepting Sewer:

9" Combined	...	...	...	...	...	133 " "
12" Combined	...	...	...	...	...	155 " "
15" Combined	...	...	...	...	...	116 " "
18" Combined	...	...	...	...	...	178 " "
24" Combined	545 " "
27" Combined	1,052 " "
36" Combined	73 " "

Freeman Avenue:

(i) Off-Site:

9" Foul	28 " "
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(ii) *On-Site:

6" Foul	41 " "
6" Surface Water	82 " "

*—On private land—will not be adopted as public sewers.

Kedleston Road Site:

6" Foul	...	...	...	...	...	186 lin. yds.
9" Combined	...	...	...	...	...	8 " "
6" Surface Water	...	...	...	...	...	270 " "
9" Surface Water	102 " "

Radbourne Lane Ashbourne Road:

6" Combined	289 lin. yds.
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New Sewers Laid—continued.

Spondon Outfall Sewer:

24" Combined	71
36" Combined	69

Portion in Borough of Outfall Sewer conveying sewage from Parish of Spondon.

Watson Street Extension:

6" Foul	...	...	...	...	...	...	122	lin.	yds.
6" Surface Water	...	...	...	...	...	...	153	..	..
9" Surface Water	...	...	...	...	...	...	94	..	..

Manholes Constructed.

Brook Street Area:

(i) Main Re-drainage:

Foul	...	...	...	...	...	...	21
Surface Water	...	...	...	...	...	...	21

(ii) Site:

Foul	10
Surface Water	33

Eastern Intercepting Sewer:

Combined	30
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Freeman Avenue:

(i) Off-Site	Nil
--------------	-----	-----	-----	-----	-----	-----	-----

(ii) *On-Site:

Foul	3
Surface Water	4

*—On private land—will not be adopted as public.

Kedleston Road Site:

Foul	...	...	...	...	...	...	4
Combined	...	...	...	...	...	...	1
Surface Water	...	...	...	...	...	...	8

Radbourne Lane Ashbourne Road:

Combined	7
----------	-----	-----	-----	-----	-----	-----	---

Spondon Outfall Sewer:

Combined	3
----------	-----	-----	-----	-----	-----	-----	---

Watson Street Extension:

Foul	4
Surface Water	5

Sewers Cleaned Out.

Total Length	1,690	lin.	yds.
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Manholes Cleaned Out.

Total	402
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WATER SUPPLY

The following information is supplied by Mr. I. G. Edwards, Engineer and General Manager, South Derbyshire Water Board:—

- (a) The water supplied to the area has been adequate in quantity and generally satisfactory in quality.
- (b) Regular examination has been made both of raw and treated waters. A total of 93 bacteriological, 5 chemical and 87 partial chemical samples were taken from consumers' premises during the year and of the 93 bacteriological samples only four showed coliforms. Repeat samples were found to be coliform-free. The enclosed analysis is typical of the water supplied to the Borough.

The supply to the area is derived from local infiltration tunnels and the River Derwent at Little Eaton, together with a treated water supply received from the Derwent Valley Water Board. The local water is filtered and sterilised at the Little Eaton Works. The fluoride content of the Little Eaton water varies between 0.4 p.p.m. and 0.75 p.p.m. and of the Derwent Valley water is 0.15 p.p.m.

- (c) None of the water as supplied to the consumers is liable to plumbo-solvent action.
- (d) All water is chlorinated before passing into supply.
- (e) There is no record of the proportion of dwelling houses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwelling houses, of which there are 42,330 in the Borough, are supplied with water by the undertaking.

Water Used during the year 1966.

Supply.

Number of gallons of water supplied to S.D.W.B.						
Area from Public Supply	...	...	...	...	...	9,892,057,600
Number of gallons per day per head of population	...	...	...	...	...	56.41
Percentage of total quantity from Derwent Valley supply	...	...	...	...	...	49.61%

Used during the year (Derby Borough).

						<i>Gallons.</i>
Sewer flushing	...	...	...	...	...	130,000
Street watering, etc.	...	...	...	...	...

Typical Analysis of Derby Town Supply.

SOURCE Little Eaton Infiltration Tunnels and Derwent Valley Water

(a) *Physical Examination:*

Colour (Hazen)	...	...	...	...	...	3
Turbidity (Silica Scale)	...	...	...	...	...	<1
Taste	...	...	...	...	...	Normal
Odour	...	...	...	...	...	None

(b) *Chemical Analysis:*

Residual Chlorine:					Parts per Million
Free	...	...	...	...	—
Monochloramines	...	...	...	...	—
Di Chloramines	...	...	...	...	—
Total	...	...	...	...	0.02
Free and Saline Ammonia as N	...	...	...	...	< 0.01
Albuminoid Ammonia as N...	...	...	...	...	< 0.01
Nitrite Nitrogen as N	...	...	...	...	< 0.01
Nitrate Nitrogen as N	...	...	...	...	0.75
Oxygen absorbed from Permanganate in four hours at 27°C.	...	...	...	...	0.10
Dissolved Oxygen	...	...	...	...	9.0
B.O.D.	...	...	...	...	—
Free CO ₂	...	...	...	...	2.6
Total Alkalinity (CaCO ₃)	...	...	...	...	—
Hardness as CaCO ₃ :					
Temporary	...	...	...	...	93
Permanent	...	...	...	...	53
Total	...	...	...	...	152
Calcium Hardness (CaCO ₃)	...	...	...	...	—
Magnesium Hardness (CaCO ₃)	...	...	...	...	—
Total Solids (dried at 180°C.)	...	...	...	...	240
Suspended Solids (dried at 105°C.)...	...	...	...	...	—

(c) *Mineral Analysis:*

					Parts per Million.
Magnesium as Mg	...	...	...	...	7.0
Sodium as Na	...	...	...	...	15.0
Potassium as K	...	...	...	...	3.0
Iron as Fe	...	...	...	...	0.1
Manganese as Mn	...	...	...	...	0.05
Copper as Cu	...	...	...	...	< 0.05
Lead as Pb	...	...	...	...	< 0.05
Zinc as Z	...	...	...	...	< 0.05
Aluminium as Al	...	...	...	...	0.03
Silica as SiO ₂	...	...	...	...	9.0
Sulphates as SO ₄	...	...	...	...	65.0
Chlorides as Cl	...	...	...	...	35.0
Fluorides as F	...	...	...	...	0.30
Phosphates as PO ₄	...	...	...	...	—
Nitrate as NO ₃ (calculated)	...	...	...	...	3.5

REFUSE COLLECTION AND DISPOSAL.

The following statistics are supplied by Mr. C. V. Roberts, Director of Public Cleansing:—

Weight of Refuse dealt with.

House and Trade Refuse collected	...	...	...	...	37,610 tons.
Trade Refuse brought in	...	...	...	...	9,373 „
					<hr/> 46,983 „ <hr/>

Salvage extracted from Refuse and sold.

Tins	355 tons.	Paper and card ...	320 tons.
Iron	34 „	Non-ferrous metal ...	1 „
Textiles	— „	Cinders	48 „
Food Waste ...	138 „		

Ashbins provided.

Corporation Houses	1,364
Other Corporation Departments	41
Private Owners	138
	<hr/>
	1,543
	<hr/>

In addition, a pilot scheme for Refuse Collection by paper sacks has been commenced, and during the year holders and sacks were supplied to 16 Corporation houses.

Vehicles used for Cleansing purposes.

Collection of Refuse and Salvage	19
Disposal of Refuse :	
Bulldozer-shovel	1
Mechanical Shovel	1
Lorries	1
Street Sweeping and Watering :	
Lorry	1
Mechanical Gully Emptiers	2
Sweeping Machines	3
Street Washing Machine	1

Prevention of Damage by Pests Act, 1949.

During the year a total of 1,250 infestations of rats and mice were dealt with at dwelling houses, 380 at business premises, 69 at Corporation surface properties which included schools, abattoirs, markets, nurseries, etc.

Sewer Maintenance Treatment.

The Rodent Control Officer carried out the maintenance treatment of all street sewers during the year. The Victoria Street culvert was also given a full baiting and poison treatment.

The treatment of the sewers in the town centre was carried out at night between the hours of 9 p.m. and 6 a.m.

As in previous treatments the direct poison method with Sodium Fluoro-acetamide was used.

The tables show the results of the work carried out :-

<i>Area.</i>	<i>Maintenance Treatment No. 1.</i>	<i>No. of Manholes Poison Baited</i>
Alvaston Ward	44	
Osmaston Ward	40	
Pear Tree Ward	44	
Normanton Ward	35	
Dale Ward	44	
Litchurch Ward	41	
Arboretum Ward	38	
Babington Ward	44	
Castle Ward	34	
Abbey Ward	25	
Rowditch Ward	33	
King's Mead Ward	44	
Bridge Ward	45	
Friar Gate Ward	35	
Derwent Ward	42	
Becket Ward	55	
Victoria Street Culvert ..	30	
TOTAL	673	

MEAT AND FOOD INSPECTION

The total number of animals slaughtered within the Borough during 1966 was 53,402, which showed the slight increase of 494 on the previous year.

The main provisions as to the manner in which the inspection of carcasses is undertaken are set forth in the Meat Inspection Regulations, 1963. Though these provisions necessitate a most detailed examination of carcasses in which any obviously abnormal conditions cannot be overlooked, it is noted that the incidence of disease continues to decrease. Condemnations in the abattoirs are due almost entirely to parasitic conditions and abscesses affecting mainly the offal of animals. Generalised diseased carcasses are rarely seen in abattoirs these days with the result that inspectors and meat traders are not obtaining a practical knowledge of conditions which were common a decade or two ago. The improvement in the general health of food animals is appreciated but concern must be expressed lest new strains of some of the common diseases may appear to which animals have not developed an immunity. These new strains could present symptoms unfamiliar to those engaged in ensuring a safe meat supply for the public and which might be easily overlooked because of the difficulty of recognition.

Carcases Inspected and Carcases Condemned during 1966.

	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number Killed	8,308	663	174	24,157	20,100
Number Inspected	8,308	663	174	24,157	20,100
<i>All Diseases except Tuberculosis:</i>					
Whole carcases condemned	—	8	5	25	10
Carcases of which some part or organ was condemned	1,765	197	5	1,050	921
Percentage of the number in- spected affected with disease other than tuberculosis	21.24	30.92	5.74	4.45	4.63
<i>Tuberculosis only:</i>					
Whole carcases condemned	1	1	—	—	—
Carcases of which some part or organ was condemned	11	44	—	—	—
Percentage of the number in- spected affected with tuber- culosis	0.14	6.78	—	—	—

Animals Slaughtered under Government Orders.

	<i>Bulls.</i>	<i>Cows.</i>	<i>Steers.</i>	<i>Heifers.</i>	<i>Calves.</i>	<i>Totals.</i>
Tuberculosis Order, 1964	1	91	2	9	—	103

Classification of Diseases other than Tuberculosis in whole carcases and parts of carcases condemned.

Cattle.

	<i>Totally Condemned.</i>		<i>Part Condemned.</i>	
	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Cattle excluding Cows.</i>	<i>Cows.</i>
Abscesses and Abscess Adhesions	—	—	2	—
Injury and Bruising	—	—	12	2
Oedema, General or with Emaciation ..	—	8	—	—
TOTALS	—	8	14	2

Sheep.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	—	12
Arthritis	—	24
Injury and Bruising	—	8
Moribund	2	—
Oedema, General or with Emaciation ..	23	—
TOTALS	25	44

Pigs.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	1	66
Arthritis	1	104
Injury and Bruising	—	63
Moribund	2	—
Oedema, General or with Emaciation ..	5	—
Septic Peritonitis	1	—
Urticaria	—	1
TOTALS	10	234

Calves.

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Abscesses	—	1
Arthritis	—	3
Immaturity	2	—
Injury and Bruising	—	1
Joint-ill	1	—
Pyæmia	1	—
Septicæmia	1	—
TOTALS	5	5

Cysticercus Bovis.

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Totals.</i>
Viable ..	2	1	—	1	—	1	—	4	4	8	2	1	24
Degenerate	6	7	4	5	3	10	7	13	7	11	4	3	80
TOTALS ..	8	8	4	6	3	11	7	17	11	19	6	4	104

Weight of Meat Condemned.

	<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Beef	2	3	1	13
Mutton	—	10	3	1
Pork	1	11	3	26
Veal	—	2	0	16
Offal	18	17	1	2
Imported Meat	—	4	1	21
Imported Offal	—	3	1	10
TOTAL	23	14	1	5

Arrangements are made for all condemned meat and offal to be processed for industrial purposes at Nuneaton.

LICENSED SLAUGHTERMEN.

New licences granted for 1966	...	...	...	...	4
Licences renewed for 1966	...	...	...	...	42
Licences in operation at end of the year	...	...	...	...	46

GENERAL FOOD INSPECTION.

The wholesale provision stores and wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the foodstuffs condemned as unfit for human consumption :—

					<i>Quantity.</i>			
					<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Bacon .. ..	..	..	..	..	—	1	0	10
Cheese .. ..	..	..	..	..	—	1	0	14
Cooked Meats .. ..	..	..	..	..	—	—	1	0
Fish .. ..	..	..	..	..	—	—	2	10
Frozen Foods .. ..	..	..	..	..	—	—	3	8
Fruit .. ..	..	..	..	..	—	2	3	14
Dried Fruit .. ..	..	..	..	..	—	—	—	26
Ice Cream .. ..	..	..	..	..	—	—	2	0
Poultry .. ..	..	..	..	..	—	—	3	27
Vegetables .. ..	..	..	..	..	7	19	1	2
Miscellaneous Items .. ..	..	..	..	..	—	—	1	18
Canned Foods .. ..	..	..	..	..	..	..	1,856	<i>cans.</i>

Food and Drugs Act, 1955.

There has been a growing concern on the use of chemical additives in food because of their possible danger to health. The present methods of control of some of these substances are not altogether satisfactory and, in addition, it is difficult to stem the rate at which their use is growing.

Additives have been used in food production for many years, but whereas, at one time, they were mainly of natural origin, nowadays synthetic products are taking their place. It is admitted that ill effects can develop from the consumption of food which has been treated with additives and, in trying to ensure the safety of our food supply, the Public Health Inspector must become more concerned at the potential danger of these chemicals.

Not all the additives used are harmful; many are valuable in food conservation for they make more of our food available and acceptable, as well as reducing waste. Nevertheless, there are some substances which can be classed as contaminants and, it is felt, have their own peculiar hazards. It is necessary to devote more time to the sampling and examination of foodstuffs which can contain these contaminants.

During the year, samples mainly of fruit and vegetables have been submitted to the Borough Analyst for examination for the presence of pesticide residues. Although no legal standards are yet available, the amounts of residues found have been extremely small. The use of such chemicals is growing and, unfortunately, there is very limited control, at present, over their use and methods of application. The hazard to our food supply in this respect arises from the toxicity of the residues found in or on food. As a number of these are also emulative in the body, one can appreciate that the regular consumption of a particular food that is being continually treated with pesticides can become a positive danger.

Another hazardous trend is the rapidly increasing use of antibiotics for growth improvement, for therapeutic purposes among farm animals and as food preservatives. The danger lies in the residues of such substances being found mainly in milk and possibly meat and producing a sensitivity in certain individuals, especially infants. But what is more important is the development in animals of strains of organisms resistant to penicillin and requiring the use of further antibiotics which have a more pronounced effect on human beings.

The real handicaps in the control of the use of these contaminants are that no declaration of their use is necessary, no prior approval is required and, in many instances all the serious implications involved in their use are not known by the applicator. The Milk Marketing Board have a condition in their contracts with milk producers that milk should be withheld for 48 hours after treatment with penicillin which is considered an adequate safeguard. In practice, however, this condition is not always complied with, and, with the increasing tendency to the bulk tank collection of milk instead of by churns, the detection of the presence of antibiotics is becoming more difficult. It appears that different methods of sampling must be adopted to control these potential dangers to public health.

Designation of Milk.	Number of Samples taken and Results.						
	Phosphatase.		Methylene Blue.			Turbidity.	
	Passed.	Failed.	Passed.	Failed.	Not carried out owing to shade temperature exceeding 65° F.	Passed.	Failed.
Pasteurised. . .	110	—	84	—	26	—	—
Sterilised . . .	—	—	—	—	—	30	—
Untreated . . .	—	—	16	1	3	—	—

Brucella Abortus.

Number of samples of Raw Milk examined	...	22
Number of Positive Samples found	...	—

MILK LICENSING.

The Milk and Dairies (General) Regulations, 1959.

Number of distributors on register, year ending 1966	...	27
Number of dairy premises on register, year ending 1966	...	4

The Milk (Special Designation) Regulations, 1963.

UNTREATED MILK—No. of Dealers on register, year ending 1966	...	5
PASTEURISED MILK—No. of Dealers (Pasteurisers) on register, year ending 1966	...	3
No. of Dealers on register, year ending 1966	...	163
STERILISED MILK—No. of Dealers on register, year ending 1966	...	138

ICE CREAM.

The number of premises registered for the manufacture, storage and sale of Ice Cream under Section 16 of the Food and Drugs Act, 1955, is as follows;—

Number of new premises registered for sale only during the year .	1
Number of premises registered for manufacture and sale at the end of year ...	6
Number of premises registered for sale only at end of year	747

FOOD HYGIENE (General) REGULATIONS, 1960.

Number of catering premises	...	79
Number of butchers' shops	...	114
Number of food preparing premises	...	74
Number of fried fish premises	...	52
Number of bakehouses	...	9

REPORT OF THE BOROUGH ANALYST.

The following is a summary of the Report of the Borough Analyst, Mr. J. Markland, B.Sc., F.R.I.C.

Food and Drugs Act, 1955, Summary for the Year, 1966.

1. During the year ended 31st December, 1966, 290 informal samples were submitted for analysis under the Food and Drugs Act, 1955. This represents a low sampling rate of 2.2 per 1,000 population.
2. Nine of the samples (3.1%) were classed as adulterated, either because they failed to comply with the relevant legislation or were below normally acceptable quality.
3. Table I gives a list of the samples examined and shows the numbers which were classed as adulterated.

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TABLE I.

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adulterated.</i>
Almonds, Ground		1	1		
Blancmange Powder		1	1		
Cake and Pudding Mixtures ..		3	3		
Canned Foods:					
Fish		6	6	3	
Fruit		6	6		
Grapefruit Juice		1	1		
Miscellaneous		5	5		
Cereals		2	2		
Christmas Pudding		3	3		
Cocktail Onions		1	1		
Coconut, Creamed		1	1		
Cooking Oil		1	1		
Cream, Single		2	2		
Double		2	2		
Clotted		1	1		
Cream, Canned		1	1		
Crisps, Shrimp flavoured ..		1	1		
Curry Powder		2	2		
Custard Powder		1	1		
Dehydrated Foods		9	9		
Drugs: Sodium Bicarbonate ..		1	1		
Essences		2	2		
Essence of Rennet		1	1		
Food Colours		1	1		
Fruit, Crystallised		1	1		
Dried		12	12		
Fresh: Apples		19	19		
Miscellaneous		16	16		
Fruit Products: Tomato Puree ..		1	1		
Ice Cream Powder		1	1		
Lard		1	1		
Marzipan		2	2		
Milk		87	87	1	
Milk, Goat		1	1		
Milk Powder, Dried		2	2	1	
Dried, Skimmed		3	3	3	
Mince meat		2	2		
Monosodium Glutamate		2	2		
Oyster Flavoured Sauce		1	1	1	
Pickles		6	6		
Pistachio Nuts		1	1		
Poultry Seasoning		1	1		
Soft Drinks: Squashes		1	1		
Ready-to-Drink:					
Fruit Drinks, Carbonated		2	2		
Fruit Drinks, not					
Carbonated		2	2		
Mineral Waters		6	6		
Soft Drinks, Canned		8	8		
Soup Powder and Soup, Dried ..		4	4		
Spices		4	4		
Sugar		3	3		
Sugar Confectionery		7	7		
Sweets		18	18		
Vegetables		9	9		
Vegetables, Dried		10	10		
Vegetables, Frozen		1	1		
Vermicelli—Semolina		1	1		
TOTALS		290	290	9	3.1

4. Milk Samples.

Of the 86 samples examined for compositional quality, one sample contained a trace of added water. Thirty-one other samples were deficient in non-fatty-solids, but these deficiencies were due to natural causes. The freezing point showed them to be free from added water.

The average composition of the samples examined during the year was:—

Non-fatty-solids	...	8.60%
Fat	... ..	3.80%
Total Solids	... ..	12.40%

These figures do not represent a true average of the Milk sold throughout the year since they were taken in March and August only.

In addition, one sample of Goat's milk was examined for compositional quality, and one sample of Cow's milk was examined for pesticides only.

Antibiotics in Milk.

There has been concern about the possibility of the Milk Supply being contaminated as a result of treatment of dairy herds with antibiotic preparations. If proper precautions are taken such contamination should be negligible.

Thirty of the milk samples submitted during the year were examined for antibiotics. Twenty-nine contained no antibiotic and one contained a trace of penicillin.

5. Samples other than Milk.

The unsatisfactory samples are listed in Table II.

TABLE II.

<i>Serial No.</i>	<i>Article.</i>	<i>Nature of Adulteration.</i>	<i>Observations.</i>
206	Oyster Flavoured Sauce ..	Contained non-permitted preservative.	} All from same stock. Recommended remaining stock be withdrawn from sale.
258	Dried Skimmed Milk Powder ..	Unsatisfactory label.	
259	Instant, non-fat Milk, Skimmed	Unsatisfactory label.	
260	Instant low-fat Milk, Skimmed	Unsatisfactory label.	
262	Full Cream Milk Crystals ..	Unsatisfactory label.	
443	Shrimps (Canned)	Excess tin.	
452	Shrimps (Canned)	Excess tin.	
454	Shrimps (Canned)	Excess tin.	

The Preservative in Food Regulations, 1962.

A sample of Oyster Flavoured Sauce contained Benzoic Acid. Benzoic Acid is one of the permitted preservatives for many foods but is not allowed in this commodity.

All other samples complied with the Regulations.

The Colouring Matter in Food Regulations.

There were no infringements of the Regulations.

The Labelling of Food Order.

Three samples of Dried Skimmed Milk Powder and one sample of Full Cream Milk Crystals were not labelled in the manner prescribed by the Dried Milk Regulations.

Pesticide Residues in Food.

46 samples of food were tested for traces of pesticide residues. 12 samples contained traces of pesticides but in each case the amount present was well below the generally accepted limit. Details are given in the following table.

<i>Product.</i>	<i>No. of Samples.</i>	<i>No. containing pesticide.</i>	<i>Type of pesticide found.</i>
Apples	19	10	DDT.
Apricots	5	0	
Cherries	3	0	
Lard	1	1	DDT, DDE.
Milk	1	0	
Potatoes	9	0	
Strawberries... ..	4	0	BHC.
Tomatoes	4	1	

During the year tests were extended to cover the presence of organo-phosphorus pesticides. None were found.

6. Complaints.

Complaints from consumers involved the examination of 12 samples. The following list gives details.

Canned Foods:

Tomatoes	Contained mineral oil—probably from the canning machinery. Two other cans were satisfactory.
Raspberries	Metallic taste was probably due to a slight excess of iron. No toxic metals were found.

<i>Bread:</i>	(1) Contained mouse dropping which had been cooked in the loaf.
(2 complaints)	(2) Few fragments of glass together with the Butter Dish being used at the time, were examined. The glass fragments came from the Butter Dish.

<i>Milk:</i>	(1) Black sediment consisted of mineral oil and vegetable debris.
(2 complaints)	(2) Whitish deposit adhering to inside of base of bottle was a residue from milk which had dried on to the bottle and the washing process had failed to remove it.

<i>Pills:</i>	These were identified as a compound vegetable laxative preparation.
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7. Fertilisers and Feeding Stuffs Act.

The following samples were examined:

	<i>Formal.</i>	<i>Informal.</i>	<i>Total.</i>	<i>Unsatisfactory.</i>
Poultry Food	2	—	2	1
Compound Cattle Cake	1	—	1	—
Compound Fertiliser ...	—	5	5	2
	3	5	8	3

The samples classed as unsatisfactory were:—

A sample of Poultry Food contained more protein than declared.

A sample of Compound Fertiliser contained more insoluble phosphoric than declared.

A sample of Compound Fertiliser contained more nitrogen, soluble phosphoric acid and potash than declared.

In all of these samples the excesses were greater than the limits prescribed by the Regulations but in no case was there any prejudice to a purchaser.

Legal Proceedings taken during the year ending December, 1966.

<i>Date.</i>	<i>Offence.</i>	<i>Result.</i>
13/1/66	Selling a barm loaf not of the substance demanded, but containing a piece of glass. (Section 2, Food & Drugs Act, 1955).	Fined £5. Advocate's Fee £4 4s. 0d.
13/1/66	Allowing more than the permitted number to occupy a house let in multiple occupation; failing to display copies of Management Order and appropriate Regulations. (Housing Act, 1961, Section 19(2) Regulation 14(1), (a & b). Housing (Management of Houses in Multiple Occupation) Regulations, 1962.	Fined £10 on first charge and £3 on each of second charges.
17/3/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
17/3/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
17/3/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
17/3/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
17/3/66	Failing to supply information about the persons resident in the house. (Housing Act, 1961, Section 19(9)).	Fined £5.
15/4/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2))	Fined £15.

<i>Date.</i>	<i>Offence.</i>	<i>Result.</i>
15/4/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £15.
15/4/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £15.
29/4/66	Failure to abate a noise nuisance coming from car washing premises. (Public Health Act, 1936 (Section 93) and Noise Abatement Act, 1960, (Section 1)).	Nuisance Order made requiring the noise nuisance to be abated within 21 days.
23/6/66	Failing to carry out repairs to property. (Housing Act, 1961, Section 14).	Fined £25. Advocate's Fee £4 4s. 0d.
14/7/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
14/7/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
14/7/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
14/7/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
14/7/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
14/7/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £10.
14/7/66	Failure to supply information. (Housing Act, 1961, Section 19(9)).	Convicted and discharged on payment of 4/- costs.
5/8/66	Operating a loud-speaker on ice-cream vehicle outside the hours allowed for that purpose. (Noise Abatement Act, 1960, Section 2).	Fined £5.
5/8/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
8/9/66	Contravention of directions specified in respect of house. (Housing Act, 1961, Section 19(2)).	Fined £5.
11/10/66	Failure to comply with notices served in respect of house. (Housing Act, 1961, Sections 14 and 15).	Fined £10 on each of the two charges.
25/10/66	Exceeding the permitted number in the premises. (Housing Act, 1961, Section 19(2)).	Fined £7.
1/11/66	Restaurant—Contravention of Food Hygiene (General) Regulations, 1960.	Fined £10 on each of 8 charges, also ordered to pay £4 4s. 0d. Advocate's fee.
0/12/66	Selling leg beef in a decomposing condition. (Food and Drugs Act, 1955, Section 2).	Fined £20. Advocate's Fee £4 4s. 0d.

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